

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

(Form C-104)
Revised 7/1/57

Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Santa Fe, New Mexico

10 May 1961

(Place)

(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Paul F. Rutledge

Navajo-Ute 1A

, Well No. _____, in SE $\frac{1}{4}$, SE $\frac{1}{4}$,

(Company or Operator)

(Lease)

P

Sec. **8**

T

31 N

R

16 W

NMPM,

Horseshoe Gallup Extension Pool

Unit Letter

San Juan

County. Date Spudded **April 17, 1961** Date Drilling Completed **April 22, 1961**

Elevation **5528 D.F.** Total Depth **1734** BPTD **1700**

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P
			O

Top Oil/Gas Pay **1487** Name of Prod. Form. **Gallup**

PRODUCING INTERVAL -

Perforations **1487 to 1496, 1498-1500; 1609 to 1617**

Open Hole _____ Depth **1734** Depth **1485**
Casing Shoe _____ Tubing _____

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Choke _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): **69.36** bbls. oil, _____ bbls water in **24** hrs, _____ min. Choke _____
pumping

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: _____ MCF/Day; Hours flowed _____

Choke Size _____ Method of Testing: _____

Acid or Fracture treatment (Give amounts of materials used, such as acid, water, oil, and sand): **40,000 lbs. sand** **855 barrels of oil**

Casing _____ Tubing _____ Date first new oil run to tanks **MAY 7, 1961**

Oil Transporter **TransWestern Truckers** **100%**

Gas Transporter _____

Remarks:

RECEIVED

MAY 15 1961

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved **MAY 15 1961**, 19____

Paul F. Rutledge

(Company or Operator)

By: **John V. Walker**

(Signature)

Title **Engineer**

Send Communications regarding well to:

Name **Paul F. Rutledge**

Address **Box 2239, Santa Fe, New Mexico**

OIL CONSERVATION COMMISSION

Original Signed By

By: **A. R. KENDRICK**

Title **PETROLEUM ENGINEER DIST. NO. 3**

STATE OF MICHIGAN	
OIL CONVEYANCE COMMISSION	
ALL FIELD OFFICE	
NUMBER OF COPIES RECEIVED	
23	
CAR	
TRUCK	
RAILROAD	
WATER	
PIPELINE	
TRANSPORTER	
PRODUCER	
OPERATOR	