

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

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 QUADRUPPLICATE 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.

Albuquerque, New Mexico (Place) 6-26-64 (Date)

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

Curtis J. Little (Company or Operator) Navajo (Lease), Well No. 4-28, in NE 1/4, SE 1/4, T.32N, R.17W, NMPM, Many Rocks - Gallup Pool

San Juan County, Date Spudded 6-8-64, Date Drilling Completed 6-12-64
Elevation 5893, Total Depth 1654, PBD 1654
Top Oil/Gas Pay 1622, Name of Prod. Form. Gallup

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

PRODUCING INTERVAL -

Perforations 1622-1630 with 4 jet shots per foot
Open Hole None, Depth Casing Shoe 1654, Depth Tubing None

OIL WELL TEST - Had 1400 feet+ oil enter hole while casing with air.

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____
Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
7"	28	6
2-7/8	1654	93

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

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

Choke Size _____ Method of Testing: _____

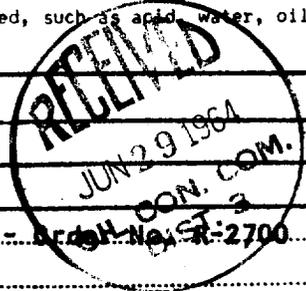
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): _____

Casing Tubing Date first new Press. Press. oil run to tanks

Oil Transporter _____

Gas Transporter _____

Remarks: This water injection well approved by Case No. 3036 - Order No. 2700 Pressure Maintenance Project.



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

Approved JUL 14 1964, 19

CURTIS J. LITTLE (Company or Operator)
By: _____ (Signature)

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title OPERATOR

Title Supervisor Dist. # 3

Send Communications regarding well to:

Name CURTIS J. LITTLE

Address 2929 MONTE VISTA, NE, ALBUQUERQUE, NM

STATE OF NEW MEXICO			
OIL CONSERVATION COMMISSION			
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