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NEW MEXICO OIL CONSERVATION COMMISSION (Form C-104) Revised 7/1/57

Santa Fe, New Mexico

REQUEST FOR (OIL) - (SAS) ALLOWAPLE

XXWXXXXX

Form C-10	14 is to be	subm	itted in Q	y the operator before an initi QUADRUPLICATE to the s	ame District Office	to which For	m C-101 was	sent. The	allow-	
month of	completion	on or	recomplet	A.M. on date of completion tio: The completion date to t be reported on 15.025 psia	shall be that date in	provided this the case of a	form is filed a oil well whe	during ca n new oil i	lendar s deliv-	
cred into	the strack	talins.	Qui illus	t be imported on totallo paid	El Dorado,	Arkansas	5	8-19-63		
					(Place)			(Date)		
				NG AN ALLOWABLE FO						
				Navajo "AA"	, Well No2	, i	nSE	/4NE	1/4,	
				(Lease)		wer Gallu)		Pool	
-				County. Date Spudded	5-27-63	Date Drilling	Completed	6-9-6	3	
Please indicate location:				Elevation DF - 5,37	5 Total De	pth 1524'	PBTD	1503 '		
D	C	В	A	PRODUCING INTERVAL -	Name of I	Prod. Form.	Lower Ga	riup		
				Perforations 1473-77	w/Jet Notche	s at 1474	' & 1476'			
E	F	G	H	Open Hole	Danth		Denth	14851		
					Casing G	100	1001119_	1705		
L	K	J	I	OIL WELL TEST - Natural Prod. Test: 0	bbls.oil,O	bbls water	inhrs,	min.	Choke Size	
				Test After Acid or Fractur	e Treatment (after r	ecovery of vol	lume of oil eq	ual to volu	ume of	
М	N	0	P	load oil used): 93 b	bls.oil, No b	bls water in _	24 hrs, 0	Chol min. Size	Ope	
				GAS WELL TEST -						
2310'	FNL &		FEL	. Natural Prod. Test: NC	ne MCF/Day;	Hours flowed	Choke	Size		
Tubing ,Co				Method of Testing (pitot,	back pressure, etc.)	·				
Sire Feet Sax				Test After Acid or Fractur	e Treatment: TST	<u>M</u>	CF/Day; Hours	flowec		
7"	33		10	Choke SizeMethod	cf Testing:					
4½11	1,52	4	30	Acid or Fracture Treatment sand): 30,000# sand,	(Give amounts of mat 1,013 bbls. o	terials used, il & 40 ga	such as acid, als. Dowel	water, oil 1 "W-27"	, and	
2-3/8"	1,4	85		Casing 10# Tubing Press.	Date first new 15非 _oil run to tax	w nksAugust	14, 1963			
				Oil Transporter Mc	Wood Corporati	on	AFF FI	A		
				Gas Transporter No	ne	/	KLULL	XED 7		
Remarks:	•••••••						AUG 22	1963	•• ••••	
						······································	OIL CON,			
				***************************************			QIST.	3		
	eby certin	fy that 1963	t the info	ormation given above is true	and complete to the	Corporarra	::			
Approved.					B. L. A	(Company o	r Operator)			
				COMMISSION	Dy:	(Signa				
∠ y			*************	y C. Arnold	Title Prod-S	Title Prod-Supt Direct Operations Send Communications regarding well to:				
Title Su	Title Supervisor Disc. #3					Name I. L. Duncan 200 Jefferson Ave.				