

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (GAS) - (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.

Hloomfield, New Mexico
(Place)

December 17, 1957
(Date)

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

Amerada Petroleum Corporation J. Apache "F", Well No. 7 in SW $\frac{1}{4}$ NW $\frac{1}{4}$,
(Company or Operator) (Lease) South Blanco
E, Sec. 21, T. 25N, R. 5W, NMPM., Pictured Cliff Pool
Unit Letter

Rio Arriba

County. Date Spudded 9-23-57 Date Drilling Completed 10-1-57

Please indicate location:

Elevation 6676' DF Total Depth 3808' PBTD 3774'

Top ~~Oil~~/Gas Pay 2770' Name of Prod. Form. Picture Cliff

PRODUCING INTERVAL -

Perforations 2770' - 2792' & 2808' - 2822'

Open Hole _____ Depth _____ Casing Shoe 3808' Depth _____
Tubing _____

OIL WELL TEST -

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

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

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: 1008 MCF/Day; Hours flowed 3

Choke Size 3/4" Method of Testing: Tester

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 40,000 gal. water & 40,000# sand.

Casing 67 Tubing _____ Date first new
Press. _____ Press. _____ oil run to tanks

Oil Transporter _____

Gas Transporter El Paso Nat'l Gas Company

Remarks: _____

I hereby certify that the information given above is true and complete to the best of my knowledge.
Approved DEC 26 1957, 19____ Amerada Petroleum Corporation
(Company or Operator)

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title Supervisor Dist. # 3

By: [Signature]
(Signature)

Title Foreman

Send Communications regarding well to:

Name Amerada Petroleum Corporation

Address Box E - Hloomfield, New Mexico

OIL CONSERVATION COMMISSION

ACTEC DISTRICT OFFICE

No. Copies Received 6

DISTRIBUTION

| | NO. FURNISHED | |
|-------------------|------------------|-------------------------------------|
| Director | <u>3</u> | |
| Santa Fe | <u>1</u> | |
| Proration Office | <u>1</u> | |
| State Land Office | | |
| U. S. G. S. | | |
| Transporter | | |
| File | <u>1</u> | <input checked="" type="checkbox"/> |