

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.

Farrington, New Mexico July 11, 1958
(Place) (Date)

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

J. Felix Hickman Clark, Well No. 2, in SW 1/4 SE 1/4,
(Company or Operator) (Lease)

Q, Sec. 5, T. 24N, R. 3W, NMPM, South Blanco-P.C. Pool
Unit Letter

Rio Arriba County. Reworked Date Spudded 7-8-58 Date Drilling Completed

Please indicate location:

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

Elevation _____ Total Depth 3296' FSTO _____

Top Oil/Gas Pay 3230 Name of Prod. Form. _____

PRODUCING INTERVAL -

Perforations 3230 To 3276.

Open Hole _____ Depth _____ Casing Shoe 3296 Tubing 3278

OIL WELL TEST -

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

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
5 1/2"	3296	
2 3/8"	3278	

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. _____ oil run to tanks _____

Oil Transporter _____

Gas Transporter Pacific Northwest Pipeline Corp.

Remarks: Reworked by cleaning out with gas to 3296 and relocating 2 3/8" tubing @ 3278'.

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

Approved: JUL 14 1958, 19. _____

Well Production Company
(Company or Operator)

By: *N.A. Neely*
(Signature)

Title: Agent and operator
Send Communications regarding well to _____

Name: N.A. Neely

Address: 1041 Zuni Dr. Farrington, New Mex.

OIL CONSERVATION COMMISSION

Original Signed Emery C. Arnold

By: _____

Title: Supervisor Dist. # 3



OIL CONSERVATION COMMISSION
 AZTEC DISTRICT OFFICE

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