

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
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.

AZTEC, N. M. JULY 2, 1962

(Place)

(Date)

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

F. R. JACKSON

(Company or Operator)

FEDERAL

(Lease)

Well No. 1, in SW $\frac{1}{4}$ NW $\frac{1}{4}$,

E, Sec. 15, T. 24N, R. 9W, NMPM, BISTI LOWER GALLUP Pool

Unit Letter

County. Date Spudded 6/9/61

Date Drilling Completed 6/21/61

Elevation 6821 GL Total Depth 5429 PBD

Top Oil/Gas Pay 5408 Name of Prod. Form. GALLUP

PRODUCING INTERVAL -

Perforations 5408 - 5420

Open Hole _____ Depth _____ Casing Shoe _____ Depth Tubing 5420

OIL WELL TEST -

Natural Prod. Test: 46 bbls. oil, 0 bbls water in 24 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 _____

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 Press. _____ Tubing Press. _____ Date first new oil run to tanks 8-1-61

Oil Transporter McLeod Corp.

Gas Transporter _____

Remarks: _____

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

Approved W. B. Smith, 1962

F. R. JACKSON

(Company or Operator)

By: B. H. Keyes (Signature)

OIL CONSERVATION COMMISSION

By: Original Signed by W. B. Smith

Title AGENT

Send Communications regarding well to:

Title GENERAL MANAGER

Name B. H. KEYES

NEW MEXICO OIL CONSERVATION COMMISSION