

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (~~GAS~~) ALLOWABLE

New Well
~~Existing~~

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.

Farmington, New Mexico

8-25-60

(Place)

(Date)

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

UNIVERSAL OIL CORP.

NAVAJO

Well No. **14**, in **NW** $\frac{1}{4}$ **NE** $\frac{1}{4}$,

(Company or Operator)

(Lease)

B
Unit Letter

Sec. **17**

T. **29N**

R. **18W**

NMPM.

Shiprock Gallup

Pool

San Juan

County. Date Spudded **12-1-59**

Date Drilling Completed

12-1-59

Please indicate location:

Elevation **5196**

Total Depth

115

PBTD

-

Top Oil/Gas Pay **90**

Name of Prod. Form.

Gallup

PRODUCING INTERVAL -

Perforations

None

Open Hole

90-115

Depth

Casing Shoe

90

Depth

Tubing

92

OIL WELL TEST -

Natural Prod. Test: **3** bbls. oil, **0** bbls water in **24** hrs, **0** min. Choke 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

Sex

| | | |
|---------------|-----------|-----------|
| 5-1/2" | 90 | 10 |
| 2" | 92 | - |
| | | |
| | | |

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): **None**

Casing Tubing Date first new **August 4, 1960**
Press. Press. oil run to tanks

Oil Transporter **El Paso Natural Gas Products Company**

Gas Transporter **None**

Remarks: _____

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

Approved **SEP 6 1960**, 19____

UNIVERSAL OIL CORP.

(Company or Operator)

OIL CONSERVATION COMMISSION

Original Signed Emery C. Arnold

By: _____

Supervisor Dist. # 3

Title _____

By: _____

(Signature)

President

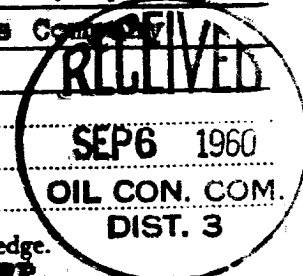
Title _____

Send Communications regarding well to:

Universal Oil Corp.

Name _____

158 Petroleum Center Building
Farmington, New Mexico



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|-----------------------------|-----|---|
| STATE OF NEW MEXICO | | |
| OIL CONSERVATION COMMISSION | | |
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