

**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 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, May 13, 1958**

(Place)

(Date)

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

**The Texas Company** State of **New Mexico** Well No. **1**, in **NE**  $\frac{1}{4}$  **NE**  $\frac{1}{4}$ ,  
(Company or Operator) Gas Unit (Lease)

**A** Sec. **36**, T. **30-N**, R. **10-W**, NMPM., **Blanco-Mesa Verde** Pool  
Unit Letter

**San Juan**

County. Date Spudded **1-3-58** Date Drilling Completed **1-14-58**  
Elevation **5883' DF** Total Depth **4827'** PBD **4825'**

Please indicate location:

Top Oil/Gas Pay **4053** Name of Prod. Form. **Mesa Verde**

PRODUCING INTERVAL -  
**4053'-4063', 4082'-4090', 4101'-4115', 4142'-**  
Perforations **4146', 4705'-4713', 4736'-4776' & 4780'-4786'**

Open Hole **--** Depth **4827** Casing Shoe **4735** Depth **4735** Tubing

**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
9-5/8"	239	300
7"	2565	400
4-1/2"	4827	200
2-3/8"	4735	--

Method of Testing (pitot, back pressure, etc.): **--**  
Test After Acid or Fracture Treatment: **6,641** MCF/Day; Hours flowed **3 hrs.**

Choke Size **3/4"** Method of Testing: **Back Pressure Test**

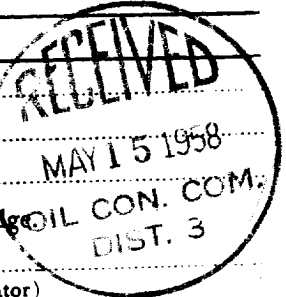
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **50,000 gallons water and 50,000 pounds sand.**

Casing Tubing Date first new  
Press. **705** Press. **312** ~~XXXXXXXXXX~~ Gas - Tested **1-31-58**

Oil Transporter

Gas Transporter **El Paso Natural Gas Company**

Remarks:



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

Approved **MAY 15 1958**, 19.

**The Texas Company**

(Company or Operator)

By: **[Signature]**  
(Signature)

Title **District Superintendent**  
Send Communications regarding well to:

Name **Mr. H. F. Longren**

Address **Box 817, Farmington, N. M.**

OIL CONSERVATION COMMISSION

By: **Original Signed Emery C. Arnold**

Title **Superior Dist. # 3**

OIL CONSERVATION COMMISSION		
LOCAL DISTRICT OFFICE		
NO. 4		
PRELIMINARY		
	NO. FORWARDED	
Inspector	/	
Deputy	/	
Chief Clerk	/	
State and Union		
U.S. G. S.		
Transporter		
File	/	✓