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NEW MEXICO OIL CONSERVATION COMMISSION

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

Santa Fe, New Mexico

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.

Denver, Colorado

5-7-65

(Place)

(Date)

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

Sentinel Petroleum Corp. Jicarilla Abel, Well No. 4, in 1/4 NW 1/4,

(Company or Operator)

(Lease)

Tract #13, Sec 32, T 24, R 4N, NMPM, Pool

Rio Arriba

County. Date Spudded 3-19-65 Date Drilling Completed 3-24-65

Please indicate location:

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

Elevation 6894 GR Total Depth 2650 PBTD 2633

Top Oil/Gas Pay 2604 Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

Perforations 2606-2607 4 shots, 2614-2620 12 shots

Open Hole none Depth 2644 Depth Tubing 2595

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 load oil used): bbls. oil, bbls water in hrs, min. Size Choke

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: 1188 CAOF MCF/Day; Hours flowed 3

Choke Size .750 Method of Testing: Multi point back pressure

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

Oil Transporter

Gas Transporter

Remarks: To be sold to El Paso Natural Gas

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

Approved MAY 10 1965, 19

OIL CONSERVATION COMMISSION

By: *Ernest C. Ames*

Title Supervisor Dist. # 3

By: *Herman Boyer*
(Signature)

Title

Send Communications regarding well to:

Name

Address

