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NEW MEXICO OIL CONSERVATION COMMISSION/ (Form C-104)
 Santa Fe, New Mexico Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

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.

Farmington, N. M.
 (Place)

July 18, 1964
 (Date)

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

R. W. Warner State _____, Well No. **1**, in _____ 1/4 _____ 1/4,
 (Company or Operator) (Lease)
D, Sec. **36**, T. **24N**, R. **7W**, NMPM, **Esquite Gallup** Pool
 Unit Letter

Rio Arriba

County. Date **started 4-27-64** Date **completed 4-28-64**
 Elevation **6764** Total Depth **5555** PBDT **5521**

Please indicate location:

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

Top Oil/Gas Pay **5240** Name of Prod. Form. **Gallup**

PRODUCING INTERVAL - **5200-23; 5306-12; 5414-24; 5450-53; 5458-01; 5495-33**

Perforations **Perforated this completion 5240-58**

Open Hole **None** Depth **5555** Depth **5450**
 Casing Shoe Tubing

OIL WELL TEST -

Natural Prod. Test: **Not Taken** bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): **7** bbls. oil, **0** bbls water in **24** hrs, _____ min. Size **24/64**

GAS WELL TEST -

Natural Prod. Test: **Not taken** MCF/Day; Hours flowed _____ Choke Size _____

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: **161** MCF/Day; Hours flowed **24**

Choke Size **24/64** Method of Testing: **Water**

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): _____

Casing Press. **1250** Tubing Press. **1250** Date first new oil run to tanks _____

Oil Transporter **Inland Crude Inc.**

Gas Transporter **Southern Union Gas Co.**

Remarks: **Completed upper zone by perforating with 2 holes per foot from 5240' to 5258'.**

Sand oil fractured with 7000 gal. oil and 7000 pd. sand. BD at 5200 PSI, treated to 2900 psi, max. 3500 psi. Sand off at 3000 psi. I.R. 13.5 bpm

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

Approved **JUL 14 1964**, 19____

OIL CONSERVATION COMMISSION

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

Title **Supervisor Dist. # 3**

R. W. Warner **JUL 14 1964**
 (Company or Operator)
By: E. A. Clement (Signature)
Consulting Geologist
 Title _____
 Send Communications regarding well to:
R. W. Warner
 Name _____
414 Brady Street, Davenport, Iowa
 Address _____

