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NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

(Form C-10,
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.

Santa Fe, N. M.

June 28, 1960

(Place)

(Date)

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

T. H. McElvain

(Company or Operator)

ST-078584-A

(Lease)

Well No. **Miller 1A**, in **NE** $\frac{1}{4}$ **NE** $\frac{1}{4}$,

A, Sec. **13**

Unit Letter

T-24-N, **R-7-W**, NMPM, **Undesignated Dakota**

Pool

Rio Arriba

County. Date Spudded **4-21-60**

Date Drilling Completed **5-13-60**

Please indicate location:

Elevation **6918'** Total Depth **6903'** PBD **6870'**

Top Oil/Gas Pay **6662** Name of Prod. Form. **Graneros-Dakota**

PRODUCING INTERVAL **6662-6672, 6675-6683, 6696-6703, 6740-6760,**

Perforations **6806-6824, 6834-6840 w/2 dyna jets/ft.**

Open Hole _____ Depth **6903'** Depth **6753'**
Casing Shoe _____ 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
10-3/4	188'	175
7"	6903'	275
2-3/8	6753'	--

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

Test After Acid or Fracture Treatment: **475** MCF/Day; Hours flowed **4**

Choke Size **12 1/2** Method of Testing: **Back pressure**

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **500 gal. acid, 48,000 gal. water, 25,000 gal. sand**
300 gal. acid, 31,000 gal. water, 25,000 gal. sand

Casing _____ Tubing _____ Date first new _____
Press. _____ Press. **2100** oil run to tanks _____

Oil Transporter _____

Gas Transporter **Southern Union Gas Co.**

Remarks: **Dual completion Gallup & Graneros-Dakota**

I hereby certify that the information given above is true and complete to the best of my knowledge.
Approved **JUN 30 1960**, 19_____, **T. H. McELVAIN**
(Company or Operator)

OIL CONSERVATION COMMISSION

By: **Original Signed Emory G. Arnold**

Title _____

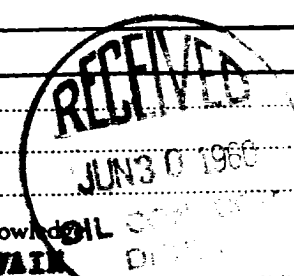
By: **T. H. McElvain**
(Signature)

Title **Operator**

Send Communications regarding well to:

Name **T. H. McELVAIN**

200 Shelby St. Santa Fe, N.M.



STATE OF NEW MEXICO		
MINERAL EXPLORATION COMMISSION		
DISTRICT OFFICE		
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