

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

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

~~RECOMPLETION~~
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.

Durango, Colorado

12-13-57

(Place)

(Date)

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

Gulf Oil Corporation Apache-Federal, Well No. 4, in SW 1/4 SW 1/4,
(Company or Operator) (Lease)
M, Sec. 7, T. 24N, R. 5W, NMPM, Otero-Pictured Cliffs Pool

Unit Letter
Rio Arriba

County, Date Spudded 8-8-55 Date Drilling Completed 9-7-55
Elevation 6459' Total Depth 2190' PBTD -

Please indicate location:

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

Top Oil/Gas Pay 2144' Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

Perforations -
Open Hole 2146'-2190' Depth 2146' Depth Tubing 2169'

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls. water in _____ hrs, _____ min. 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 - (Initial gas test)

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

Tubing, Casing and Cementing Record

| Size | Feet | Sax |
|-------|------|-----|
| 8 5/8 | 153 | 125 |
| 5 1/2 | 2146 | 100 |
| 2 3/8 | 2169 | |
| | | |

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

Test After Acid or Fracture Treatment: 4290 MCF/Day; Hours flowed 5

Choke Size 3/4 Method of Testing: Back Pressure

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, sand): 14,000 gals diesel oil, 30,000# sand

Casing 375 Tubing 40 Date first new oil run to tanks

Oil Transporter _____

Gas Transporter El Paso Natural Gas

Remarks: Production had shown an abnormal decline during the past 7 months; therefore, tools were moved on to the well and the hole was cleaned out to the original TD 2190', by circulating gas. The well will now be re-tested.

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

Approved _____ DEC 11 1957, 19 _____

Gulf Oil Corporation

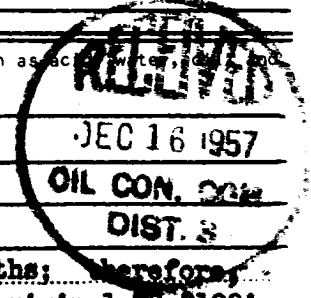
(Company or Operator)

OIL CONSERVATION COMMISSION

By: _____ (Signature)

By: Original Signed Emery C. Arnold
Supervisor Dist. # 3
Title _____

Title: Area Production Superintendent
Send Communications regarding well to:
Name: P. O. Box 38
Address: Durango, Colorado



OIL CONFERENCE COMMISSION

1945-1946

NO. 1000

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