OPEN FLOW TEST DATA

DATE October 25, 1960

| Mike Abraham | | Delta No. 2 | | |
|------------------------|---------------|---------------------------------|---|--|
| 990's, 1850'w, 21-25-6 | | Rio Arriba | State New Mexico | |
| Pictured Cliffs | | Undesignated | | |
| 4-1/2 | 2420 | Tubing Diameter 1-1/4 | Set At Faet 2401 | |
| 2305 | 2 36 6 | Tutai Deptic | 30/11/60 10/11/60 Fig. Through Tubing | |
| Sand/Water Frac | • | hipu Turbugh Lasing X | | |

| 0.750** | | 12.365 | | Journal Pressure, Tubing | P\$ ₁ 3 | 12 P5+A | | |
|----------------------|--------|------------|----|-------------------------------|--------------------|---------------------|----|-------|
| general recovers and | 683 | 695 | 14 | 683 * which eressure: Pw | FSIG | 695 | | |
| | 27 | 3 9 | | 39 F., Cena Caties: | | 51 Groves | | |
| 57 | 1.0029 | .850 | | 1.004 | | .680 | Fg | •9393 |

CHOKE YOU WELL IN THE R. P. A. F. A. F. A. F. A. F.

12.365 **x** 39 **x** 1.0029 **x** .9393 **x** 1.004

456

MCF D

458 4CF D A.S.

Tom Grant

. Oscar Abraham

Checked by W. D. Dawson

(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.

| | | | | Albuquerque, | N.M. | October | , 196 0 |
|--|--------------|--------------------|---|----------------------------------|-----------------|----------------|---------------------------------------|
| | | | | (Place) | | | (Date) |
| | | | NG AN ALLOWABLE | | | | |
| Mike A | brakam | L | argo Canyon | , Well No | elta #2 , i | n SE | SW 1/4 |
| (Corr | DANY OF OD | erator) | (Le | use) | | | |
| N Unit Lett | , Sec. •• | | T 25N, R 6V | у, NMPM., | So carryon | | Poo |
| - | | | County. Date Spudde | Sept-19-60 | Date Drilling | Completed S | ept-24-60 |
| | indicate l | | Elevation 6347 | Total Dep | oth 2420 | PBTD_ | · · · · · · · · · · · · · · · · · · · |
| | | | Top Oil/Gas Pay 23 | Name of F | rod. Form. | P-C | |
| ם פ |) B | A | PRODUCING INTERVAL - | | | • | |
| | | | Perforations 2304 | -15. 2330-37. 23 4 | 2-46. 235 | 5-66. | |
| E 1 | r G. | H | | Depth Casing Sh | | Denth | 2401 |
| | | | | | | | |
| <u>. </u> | J | I | OIL WELL TEST - | | | | Choke |
| | | 1. | | bbls.oil, | | | |
| | , | P | | cture Treatment (after re | | | Choke |
| | | | load oil used): | bbls,oil,bb | ols water in _ | hrs, | min. Size |
| K | | | GAS WELL TEST - | | | | |
| | | | Natural Prod. Test: | MCF/Day; | Hours flowed | Choke | Size |
| Mng Casi | ng and Come | nting Reco | | ot, back pressure, etc.): | | | - |
| Size | Feet | Sax | | cture Treatment: | | | flowed - |
| | | | i . | | - | | |
| -5/8 | 168 | 75 | Choke Size Me | thod of Testing: | | es ves co. | |
| 4 7 /0 | 0.400 | 400 | Acid or Fracture Treats | ment (Give amounts of mat | erials used, | such as acid, | water, oil, and |
| 4-1/2 | 2420 | 100 | sand):sand) | | Water- | | |
| 1-1/4 | 34 01 | | Casing Tubin Press Press | Date first new oil run to tar | | STI | 11 |
| | | | Oil Transporter | 980 | | $\angle KUF$ | VCA |
| | L | | | Paso Natural Gas C | • / | | TU |
| marks: | Pote | ntiel tes | run by El Paso | | • | NUV7 | 1960 |
| Hai bo | | ****************** | | | | OIL CON. | COV |
| | | •••••• | *************************************** | | , | DIST | COM. |
| | | | | and annulate to the | hest of my k | now Price | |
| I hereb | y certify th | hat the inic | ormation given above is NOV 7 1960 | true and complete to the | Abraham | | |
| proved | p- c | 7 3 | , 19 | | (Company o | r Operator) | |
| 0.11 | CONCE | | COMMISSION | By: Oscar | 1 abri | cham | <u>/</u> |
| OI | r consei | KVALION | COMMISSION | 2 ₁ ······· | (Signa | | |
| Origi | nal Sign | ed Eme | ry C. Arnold | Title | | ···· | |
| _ | | | | Send Co | ommunication | ns regarding v | well to: |
| c .Supe | visor Dist. | #.3 | | Name. Mike | braham | | |
| | | | | 224-1 | | Bank Blds | • |
| | | | | Address | uerque. No | | |

| STA | TE OF BIF | A CEXICO | |
|----------------------|-----------|----------|-----|
| F69. E0 | 17/11/1 | 1344 | - N |
| AL. | & DISTRI | े ेमात | |
| MANAGE OF CO | ES ACCEN | /33 | |
| S. M. A. FE | อิฐรี โ | i N | - |
| 3. 43. 148 D. 344 | | _ | |
| TRACE OFF R | OIL | ; - | |
| JAKAJOR | £ | - | |

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