

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(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.

**JICARILLA APACHE TRIBE
OF INDIANS "M" CONT. #124**

Farmington, New Mexico **December 31, 1957**
(Place) (Date)

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

Humble Oil & Refining Co. **Jicarilla Apache "M"**, Well No. 4, in NE $\frac{1}{4}$ SE $\frac{1}{4}$,
(Company or Operator) (Lease)

I, Sec. 24, T. 25N, R. 4W, NMPM., **South Blanco Pictured Cliffs** Pool
Unit Letter

Rio Arriba

County. Date Spudded 10-25-57 Date Drilling Completed TD 11-12-57

Please indicate location:

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

Elevation 7251 Total Depth 3750 PBD 3728

Top Oil/Gas Pay 3638 Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

Perforations 3638 - 3660

Open Hole - Depth - Depth Casing Shoe 3750 Depth Tubing 3627

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 -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Tubing, Casing and Cementing Record

Size	Feet	Size
8-5/8"	166	125
4-1/2"	3750	325
2"	3627	Tubing

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

Test After ~~XXXXXX~~ Fracture Treatment: 1872 MCF/Day; Hours flowed 3

Choke Size 3/4" Method of Testing: One point back pressure test

~~XXXXXX~~ Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and

sand): 43,470 gals water, 50,000# sand

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

Oil Transporter _____

Gas Transporter To be Southern Union Gas Company

Remarks: _____

I hereby certify that the information given above is true and complete to the best of my knowledge
Approved _____ JAN 2 1957 _____, 19____

Humble Oil & Refining Company
(Company or Operator)

By: Russell M. Lilly
Russell M. Lilly (Signature)

Title District Superintendent

Send Communications regarding well to:

Humble Oil & Refining Company
Name Box 1268

Address Farmington, New Mexico

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title Supervisor Dist # 3



OIL CONSERVATION COMMISSION		
AZTEC DISTRICT OFFICE		
No. Copies Received	/	
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Lawrence		
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Transporter		
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