

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.

Farmington, New Mexico 10-14-58

(Place)

(Date)

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

BENSON-MONTIN-GREER DRILLING CORP. **HILL** Well No. 4, in **NW** $\frac{1}{4}$ **NE** $\frac{1}{4}$,
(Company or Operator) (Lease)

B Sec. **23**, T. **25N**, R. **3W**, NMPM, **S. Blanco PC Ext.** Pool
Unit Letter

Rio Arriba

Please indicate location:

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

County. Date Spudded **8-28-58** Date Drilling Completed **9-9-58**
Elevation **7232** Total Depth **3735** FBTD **3708**

Top Oil/Gas Pay **3650** Name of Prod. Form. **Pictured Cliffs**

PRODUCING INTERVAL -

Perforations **3662 to 3680'**

Open Hole _____ Depth _____ Casing Shoe **3734** Depth _____ Tubing **3675**

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: **None** MCF/Day; Hours flowed _____ Choke Size _____

Tubing, Casing and Cementing Record
Size Feet Sax

8-5/8"	96	70
5-1/2"	3735	100
1-1/4"	3667	-

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

Test After Acid or Fracture Treatment: **8,894** MCF/Day; Hours flowed **3**

Choke Size **3/4** Method of Testing: **Back pressure**

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **25,000 gallons water, 30,000# sand**

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

Oil Transporter _____

Gas Transporter **El Paso Natural Gas Company** **10-23-1958**

Remarks: _____

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

Approved **OCT 23 1958**, 19____

BENSON-MONTIN-GREER DRILLING CORP.
(Company or Operator)

OIL CONSERVATION COMMISSION

Original Signed **Emery C. Arnold**

By: _____

Supervisor Dist. # **3**

Title _____

By: _____
(Signature)

Title **Vice-President**

Send Communications regarding well to:

Albert R. Greer

Name _____

Address **405 1/2 W. Broadway, Farmington, N. Mex.**
