

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 12-22-58
(Place) (Date)

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

BENSON-MONTIN-GREER DRILLING CORP. HILL, Well No. 6, in NE $\frac{1}{4}$ NW $\frac{1}{4}$,
(Company or Operator)
B, Sec. 23, T. 25N, R. 3W, NMPM, S. Blanco PC Ext. Pool
Unit Letter

Rio Arriba

County. Date Spudded 10-4-58 Date Drilling Completed 10-27-58
Elevation 7255 Total Depth 3757 PBD 3721

Please indicate location:

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

Top Oil/Gas Pay 3666 Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

3681-3688

Perforations

Open Hole _____ Depth 3757 Casing Shoe _____ Depth 3696 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: None MCF/Day; Hours flowed _____ Choke Size _____

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

Test After Acid or Fracture Treatment: 7,817 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** **CON. COM.**
DIST. 3

Remarks: _____

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

Approved JAN 5 1959 **BENSON-MONTIN-GREER DRILLING CORP.**
(Company or Operator)

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title Supervisor Dist. # 3

By: _____
(Signature)

Title Vice-President

Send Communications regarding well to:

Name Albert R. Greer

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

OIL CONSERVATION COMMISSION
AZTEC DISTRICT OFFICE

No. Copies Received //

DISTRIBUTION

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Operator	/	
Santa Fe	/	
Proration Office	/	
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U. S. G. S.		
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