

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 August 6, 1957

(Place)

(Date)

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

Amerada Petroleum Corp., Jicarilla Apache "F" Well No. 3, in NW 1/4 NW 1/4,
(Company or Operator) (Lease)

D, Sec. 18, T25-N, R. 5-W, NMPM, Undesignated Pool
Unit Letter

Rio Arriba

County. Date Spudded 6-26-57 Date Drilling Completed 7-30-57

Please indicate location:

Elevation 6657' Total Depth 3805' PBTD 3759'

Top Gas Pay 2744' Name of Prod. Form Pictured Cliff

PRODUCING INTERVAL -

Perforations 2744'-2754' and 2782-2795'

Open Hole 11 1/2" Depth 3804' Casing Shoe 3773' Depth 3773'

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 _____

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

Test After Acid or Fracture Treatment: 795 MCF/Day; Hours flowed 24

Choke Size 3/4" Method of Testing: Bristol Recorder

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 60,000 gal water and 60,000# sand

Casing 40 Tubing Date first new
Press. _____ Press. _____ oil run to tanks _____

Oil Transporter _____

Gas Transporter El Paso Natural Gas Co.

Remarks: _____

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

Approved _____, 1957

AMERADA PETROLEUM CORPORATION
(Company or Operator)

By: *M. F. Furse*
(Signature)

Title: Foreman
Send Communications regarding well to:

Name: Amerada Petroleum Corp.

Address: Box E Bloomfield, N.M.

OIL CONSERVATION COMMISSION

By: *Ernest C. ...*

Title Supervisor, Dist. # 3

OIL CONSUMPTION REPORT		
AZTEC DISTRICT		
No. Copies Received 7		
DISTRIBUTION		
	NO. FURNISHED	
Operator	1	
Sanitary	1	
Public Health	1	
Medical		
Education		
Religious		
Other	1	✓