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TRANSPORTER	OIL
	GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

(Form C-104)
Revised 7/1/57

Santa Fe, New Mexico

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, New Mexico. 9-25-64

(Place)

(Date)

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

J. R. Abraham

(Company or Operator)

K

Unit Letter

Rio Arriba

Please indicate location:

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

(FOOTAGE)

Tubing, Casing and Cementing Record

Size	Feet	Size
8-5/8	120	50
4-1/2	3832	150
2-3/8	3700	

County. Date Spudded June-30-64

Date Drilling Completed 9-1-64

Elevation 7203 Total Depth 3850 PBTB

Top Oil/Gas Pay 3722 Name of Prod. Form. P-C.

PRODUCING INTERVAL -

Perforations 3732-42. 3746-54. 3772-84. 3792-3800.

Open Hole Depth 3830 Depth 3700
Casing Shoe Tubing

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Choke Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Choke 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: 4654 MCF/Day; Hours flowed 3

Choke Size 3/4 Method of Testing: _____

Acid or Fracture Treatment (Give amounts of materials used in gal. water, and sand): 250 gal acid. 40000 lb sand. 10000 gal water.

Casing Press. 805 Tubing Press. 805 Date first new oil run to tanks _____

Oil Transporter _____

Gas Transporter _____

Remarks:

Waiting for gas hookup

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

J. R. Abraham

Approved NOV 18 1964, 19

(Company or Operator)

OIL CONSERVATION COMMISSION

Original Signed By

By: A. R. KENDRICK

Title PETROLEUM ENGINEER DIST. NO. 7

By: _____ (Signature)

Title _____

Send Communications regarding well to:

Oscar Abraham

Name 424-1st Nat Bank Bldg. Alb. N. M

Address _____

RECEIVED

VI 81964

IN. COM.