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	GAS
PRODUCTION OFFICE	
OPERATOR	

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.

New Mexico, Albuquerque. 6-11-64

(Place)

(Date)

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

J.R. Abraham

1 Stevie Joe SW

Well No. _____, in _____ 1/4 _____ 1/4,

(Company or Operator)

(Lease)

K _____, Sec. 5 _____, T. 25N _____, R. 3W _____, NMPM., Tapacito _____ Pool

Rio Arriba

County. Date Spudded. 2-20-64

Date Drilling Completed 5-12-64

Please indicate location:

Elevation 7218 Total Depth 3848 PBD

Top Oil/Gas Pay 3754 Name of Prod. Form. P-C

PRODUCING INTERVAL -

Perforations 3760 to 3794

Open Hole _____ Depth _____ Casing Shoe 3830 Depth _____ Tubing 3775

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 load oil used): _____ bbls. oil, _____ bbls. water in _____ hrs, _____ min. Size _____

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed 3 Choke Size 3/4

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

Test After Acid or Fracture Treatment: 39097 MCF/Day; Hours flowed 3

Choke Size 3/4 Method of Testing: Geoelectric

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 80000 sand, 100000 gallon water

Casing _____ 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 JUN 19 1964 _____, 19 _____

J.R. Abraham

(Company or Operator)

By: _____

(Signature)

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title Supervisor District _____

Title _____

Send Communications regarding well to:

Name Oscar Abraham

424-1st National Bank Bldg

Address _____