

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.

Albuquerque, New Mexico
(Place)

1-9-61
(Date)

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

Kay Kimbell

Warren Federal

, Well No. 3-26

SE

SE

1/4

1/4

(Company or Operator)

(Lease)

P

, Sec. 26

, T. 25N

, R. 6W

, NMPM,

Basin Dakota

Pool

Unit Letter

Rio Arriba

County. Date Spudded 10-24-60

Date Drilling Completed

11-17-60

Please indicate location:

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

Elevation 6681 KB

Total Depth 7014

PBTD

7002

Top Oil/Gas Pay 6821

Name of Prod. Form.

Dakota

PRODUCING INTERVAL -

Perforations 6826-31, 6906-30, 6936-46, 6954-70

Open Hole

Depth

7005

Depth

6950

Casing Shoe

Tubing

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil,

_____ bbls. water in _____ hrs,

Choke

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,

Choke

min. Size _____

GAS WELL TEST -

Natural Prod. Test: _____

MCF/Day; Hours flowed _____

Choke Size _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>8-5/8</u>	<u>260</u>	<u>195</u>
<u>4-1/2</u>	<u>7005</u>	<u>200</u>
<u>2-3/8</u>	<u>6950</u>	

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

Test After Acid or Fracture Treatment: 3487

MCF/Day; Hours flowed 3

Choke Size 3/4

Method of Testing: Multi-point backpressure

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 40,000 gallons water, 40,000# sand ATP 3000#

Casing

Tubing

Date first new

Press. 900

Press. 285

oil run to tanks _____

Oil Transporter

Platons, Inc.

Gas Transporter

El Paso Natural Gas Company

Remarks: _____

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

Approved FEB 2 1961

, 19_____

Kay Kimbell

(Company or Operator)

By: Bob Donegan

(Signature)

Geologist

Title _____

Send Communications regarding well to:

Name _____

Coral Oil & Gas Company

Address _____

2127 San Mateo NE, Albuquerque, N. M.

OIL CONSERVATION COMMISSION

By: (Original Signed Emery C. Arnold)

Title Supervisor Dist. #3

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