

NEW MEXICO OIL CONSERVATION COMMISSION
 Santa Fe, New Mexico

(Form C-104)
 Revised 7/1/59

REQUEST FOR (OIL) - (GAS) ALLOWABLE

~~XXXXXXXXXX~~
 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 Oct. 15, 1959

(Place)

(Date)

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

R & G Drilling Company, Inc. **Hammond**, Well No. **43**, in **SW** **NE**
 (Company or Operator) (Lease)
G, Sec. **26**, T. **27N**, R. **8W**, **Blanco Mesa Verde** Pool
 Unit Letter
San Juan

County. Date Spudded **1951** Date Drilling Completed **Sept. 23, 1959**
 Elevation **6015 KB** Total Depth **4504** FBTD **4500**

Please indicate location:

D	C	B	A
E	F	G ●	H
L	K	J	I
M	N	O	P

Top Oil/Gas Pay **4370** Name of Prod. Form. **Mesa Verde**

PRODUCING INTERVAL -

Perforations **4370-4500 2 per ft**

Open Hole **none** Depth **4504** Depth **4475**
 Casing Shoe 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 _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
7"	4300	300
4½"	304	300
2"	4475	

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

Test After Acid or Fracture Treatment: **798** 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): _____

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

Oil Transporter _____

Gas Transporter _____

Remarks: **Perforated section - sand-water fraced down 2 7/8" tubing set on packer at liner with 36,000# 20-40 sand and 2000 bbls water.**

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

Approved: **OCT 22 1959**, 19____ **R & G Drilling Company, Inc.**

OIL CONSERVATION COMMISSION

By: **Original Signed Emery C. Arnold**

Title _____

William C. Russell
 (Company or Operator)
William C. Russell
 (Signature)

Title **President**

Send Communications regarding well to:

R & G Drilling Company, Inc.

Name _____

Address **Box 1848, Farmington, N. M.**

WILSON CONSERVATION COMMISSION		
AZTEC DISTRICT OFFICE		
Copies Received <u>3</u>		
DISTRIBUTION		
	NO.	
Director	<u>2</u>	
Asst. Dir.	<u>1</u>	
Admin. Office	<u>1</u>	
Ext. Affairs Office		
U. S. G. S.		
Transporter		
File	<u>1</u>	<input checked="" type="checkbox"/>