

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 59° Fahrenheit.

(Place)

(Date)

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

Petro-Atlas, Inc.
(Company or Operator)

Aztec
(Lease)

Well No. **1**, in **SE** $\frac{1}{4}$, **NW** $\frac{1}{4}$,

F Sec. **8**, T. **27N**, R. **9W**, **WMPM**, **Undesignated** Pool

San Juan

County. Date Spudded **7-28-58**

Date Drilling Completed **8-4-58**

Please indicate location:

Elevation **6454' KB**

Total Depth **2697'**

2441'

Top Oil/Gas Pay **2412'**

Name of Prod. Form. **Pictured Cliffs**

PRODUCING INTERVAL -

Perforations **2412'-18' & 2421'-2441'**

Open Hole

Depth

Casing Shoe

Depth

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: **1992** MCF/Day; Hours flowed **3**

Choke Size **3/4"** Method of Testing: **Choke**

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, salt, and

sand): **36,500 gal. water & 50,000# sand**

Casing _____ Tubing _____ Date first new

Press. _____ Press. _____ Oil run to tanks _____

Oil Transporter _____

Gas Transporter **El Paso Natural Gas Co.**

Remarks: **Well completed and shut in, 8-14-58**

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

Approved: _____ AUG 26 1958, 19 _____

Petro-Atlas, Inc.
(Company or Operator)

OIL CONSERVATION COMMISSION

By: **N. E. Gove**

(Signature)

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

Title: **Engineer**

Send Communications regarding well to:

Title **Supervisor Dist. # 3**

Address: **729 East Main, Farmington, N. M.**