

407 TEST

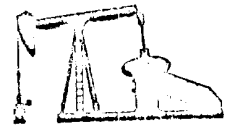


DIRECTOR
JOE D. RAMEY

OIL CONSERVATION COMMISSION

STATE OF NEW MEXICO
1000 RIO BRAZOS RD. - AZTEC

87410
LAND COMMISSIONER
PHIL R. LUCERO



STATE GEOLOGIST
EMERY C. ARNOLD

April 19, 1976

William C. Russell
1775 Broadway
New York N. Y. 10019

Re: Hammond #49, F-35-27N-8W

Gentlemen:

The packer-leakage test for the above captioned well has not been received for the year 1975 as per rule 112-A 6 C.

If a packer leakage test on this well is not received within thirty days, the transporters will be ordered to cease taking products.

The shut-in order will remain in effect until further order of the Commission.

If there are questions, please contact this office.

Yours very truly,

A handwritten signature in cursive script, reading "N. E. Maxwell, Jr.".

N. E. Maxwell, Jr.
Engineer, District #3

NEM:mc

cc: Oil Conservation Commission
Santa Fe, New Mexico

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	GAS
OPERATOR	1
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator
William C. Russell
Address
1775 Broadway, New York, New York 10019
Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Charge in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Dual completion, Pictured Cliffs Chacra

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hammond	Well No. 49	Pool Name, Including Formation Chacra wildcat	Kind of Lease State, Federal or Fee Fed.	Lease No. MI 03602A
Location Unit Letter F ; 1755 Feet From The West Line and 1540 Feet From The North Line of Section 35 Township 27N Range 8W , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Company	Box 1492, El Paso, Texas					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					No	-

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded 12/12/68	Date Compl. Ready to Prod. 12/19/68		Total Depth 3350		P.B.T.D. 3300			
Elevations (DF, RKB, RT, GR, etc.) 6118 GR	Name of Producing Formation Chacra		Top Oil/Gas Pay 3147		Tubing Depth 3161			
Perforations 3145-51, 3172-82 one shot per ft.					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12 1/4 6 3/4	CASING & TUBING SIZE 8 5/8 4 1/2		DEPTH SET 1168		SACKS CEMENT 118			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 1000	Length of Test 3 hrs.	Bbls. Condensate/MMCF -	Gravity of Condensate -
Testing Method (pitot, back pr.) pitot	Tubing Pressure (Shut-in) 620	Casing Pressure (Shut-in) dual completion	Choke Size -

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

William C. Russell
(Signature)
Operator
(Title)
12/26/68
(Date)

OIL CONSERVATION COMMISSION
APPROVED **OCT 14 1969**
BY **Original Signed by Emery C. Arnold**
TITLE **SUPERVISOR DIST. #3**

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.