

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.

Completion Date 4/13/59
(Place) (Date)

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

(Company or Operator) Emery C. Arnold, Well No. 1, in 1/4 1/4,
(Lease)
Unit Letter 10, Sec. 10, T. 23, R. 10, NMPM., Pool

Please indicate location:

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

County. Date Spudded 4/21/59 Date Drilling Completed 4/27/59
Elevation 735 Total Depth 219' PBD 219'
Top Oil/Gas Pay 21.2 Name of Prod. Form. See Prod. Log

PRODUCING INTERVAL -

Perforations 21.2-2170
Open Hole _____ Depth _____
Casing Shoe 218' Tubing 21'

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 _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
3 1/8"	102	75
3 1/2"	212	75
1"	21	

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

Test After Acid or Fracture Treatment: 4.1-2170 MCF/Day; Hours flowed 3

Choke Size 1/2" Method of Testing: back pressure

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 1200 gals. water and 10.00 gal.

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

Oil Transporter _____

Gas Transporter Southern Union

Remarks: _____

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

Approved Emery C. Arnold APR 15 1959, 19 59

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title Supervisor Dist. # 3

(Company or Operator)

ORIGINAL SIGNED BY JOE C. SALMON

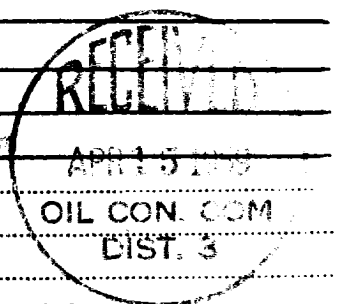
By: _____
(Signature) Joe C. Salmon

Title Assistant Supervisor

Send Communications regarding well to:

Name Joe C. Salmon

Address 706, Santa Fe, New Mexico



OIL CONSERVATION COMMISSION

OFFICE OF THE SECRETARY

WASHINGTON, D. C.

REPORT OF THE COMMISSION

FOR THE YEAR 1954

IN RESPONSE TO PUBLIC LAW 85-623

AND EXECUTIVE ORDER 11644

AS AMENDED BY PUBLIC LAW 86-363

AND EXECUTIVE ORDER 11808

AND PUBLIC LAW 86-618

AND EXECUTIVE ORDER 11955

AND PUBLIC LAW 86-618

AND EXECUTIVE ORDER 11955