

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.

Horseshoe Canyon Sept-16-1959

(Place)

(Date)

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

J. R. Abraham

(Company or Operator)

Well No. 5, in NE-NE SE 1/4 1/4,

I

Unit Letter

San Juan

Please indicate location:

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

40

T 30N, R 16W (Lease), NMPM., Horseshoe Pool

County. Date Spudded Aug-7-1959

Date Drilling Completed

Elevation 5482 Total Depth 1512 PBDT 1512

Top Oil/Gas Pay 1290 Name of Prod. Form. Gallup

PRODUCING INTERVAL -

Perforations 1332-1358, 1377-1389, 1430-1436, 1446-1454, 1461-1469.

Open Hole _____ Depth _____ Casing Shoe 1512 Depth _____ Tubing _____

OIL WELL TEST -

Natural Prod. Test: None 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): 108 bbls. oil, no bbls water in 4 hrs, _____ min. Choke Size _____

GAS WELL TEST - 648 bpsd Flowing

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

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

Test After Acid or Fracture Treatment: _____ MCF/Day; Hours flowed _____

Choke Size _____ Method of Testing: _____

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

42000 gallons oil - 40000 lb sand

Casing _____ Tubing _____ Date first new _____

Press. _____ Press. _____ oil run to tanks Sept-16-1959

Oil Transporter El Paso Products

Gas Transporter _____

Remarks: _____

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

Approved SEP 18 1959, 19____

J. R. Abraham

(Company or Operator)

By: Oscar Abraham

(Signature)

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

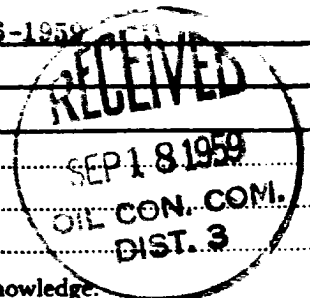
Title Supervisor Dist. # 3

Title _____

Send Communications regarding well to:

Name Oscar Abraham

Address 224-1st National Bank Bldg. Alb. N.M.



OIL CONSERVATION COMMISSION

AZTEC DISTRICT OFFICE

No. Copies Received 5

DISTRIBUTION

	NO. FURNISHED	
Operator	<u>3</u>	
Santa Fe	<u>1</u>	
Evaporation Office	<u>1</u>	
State Land Office		
U. S. G. S.		
Transporter		
File	<u>1</u>	<input checked="" type="checkbox"/>