

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

REQUEST FOR ~~WATER~~ (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 QUADRUPPLICATE 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.

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

W. P. Carr Hampton, Well No. 3, in NW $\frac{1}{4}$ NE $\frac{1}{4}$,
(Company or Operator) (Lease)
Sec. 10, T. 30 N, R. 11 W, NMPM., Blanco M V Pool

Unit Letter San Juan County. Date Spudded Re-
San Juan Date ~~Re-~~ Completed 1/29/60

Please indicate location:

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

Elevation 5741 GL Total Depth 4757 PBD

Top Oil/Gas Pay 4534 Name of Prod. Form. Blanco MV

PRODUCING INTERVAL -

Perforations _____
Open Hole _____ Depth _____ Depth _____
Casing Shoe _____ Tubing _____

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. 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. Size _____

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax

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): _____

Casing _____ Tubing _____ Date first ~~xxx~~ gas after w.o. 1/30/60
Press. _____ Press. ~~xxxxxxx~~

Oil Transporter _____

Gas Transporter _____

Remarks: Installed intermitter. Well producing better due to the fact
that fluid is kept off.

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

Approved MAY 9 1960, 1960

OIL CONSERVATION COMMISSION

Original Signed by

A. R. KENDRICK

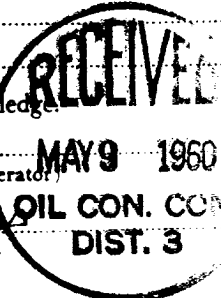
By: _____ Title: _____

Title PETROLEUM ENGINEER DIST. NO. 3

Name _____

Address _____

Send Communications regarding well to:



STATE OF NEW MEXICO		
OIL CONSERVATION COMMISSION		
AZTEC DISTRICT OFFICE		
NUMBER OF COPIES RECEIVED		4
DISTRIBUTION		
SANTA FE		
FILE	1	
U.S.G.S.	1	✓
LAND OFFICE		
TRANSPORTER		
	OIL	
	GAS	
PRODUCTION OFFICE		
OPERATION	1	