

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
~~RENEWAL~~

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.

Farmington, New Mexico 1-15-59
(Place) (Date)

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

TOM BOLACK

BOLACK

Well No. **8**, in **NW** $\frac{1}{4}$ **SE** $\frac{1}{4}$,

(Company or Operator)

J

Sec. **3**

T. **30N**

(Lease)

R. **16W**

NMPM,

Horseshoe Gallup

Pool

Unit Letter

San Juan

County. Date Spudded **12-20-58** Date Drilling Completed **1-4-59**

Elevation **5725** Total Depth **1746** PBD **1740**

Top Oil/Gas Pay **1580', 1700'** Name of Prod. Form. **Gallup - Tocito**

Please indicate location:

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

PRODUCING INTERVAL -

Perforations **1580-1630 , 1700-1720'**

Open Hole Depth Casing Shoe **1725** Depth Tubing **1739**

OIL WELL TEST - Swab test: **Gallup 21 $\frac{1}{2}$ BOPH**
Tocito 12 BOPH

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): **148** bbls. oil, _____ bbls water in **24** hrs, _____ min. Size _____ Choke

GAS WELL TEST - Pump capacity

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
8-5/8"	80	70
5-1/2"	1725	75
2-3/8"	1739	-

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): **50,000 gallons oil, 50,000# sand, each zone**

Casing Tubing Date first new **January 8th, 1959**
Press. _____ Press. _____ oil run to tanks

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

Gas Transporter _____

Remarks:

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

Approved **JAN 28 1959**, 19.....

OIL CONSERVATION COMMISSION

Original Signed **Emery C. Arnold**

By: _____

Title **Supervisor Dist. # 3**

(Company or Operator)

By: **Tom Bolack**

(Signature)

Title _____

Send Communications regarding well to:

Name **Tom Bolack**

Address **1010 N. Dustin, Farmington, N. Mex.**