ANDERSON-PRICHARD OIL CORPORATION

PRODUCERS PREFINERS

DISTRICT IV FIELD OFFICE

SUITE B-400, NEW U. S. NATIONAL BANK BUILDING

1740 BROADWAY

DENVER, COLORADO

GREENAL OFFICE LIBERTY BANK BLDG, OKLAHOMA CITY 2, OKLAHOMA

> Our File: DNM-3-A

May 14, 1958

New Mexico Oil Conservation Commission P. O. Box 871 Santa Fe, New Mexico

Subject: #7 Johnston-Federal
NE NE Section 7-31N-9W

San Juan County, New Mexico

Gentlemen:

PHONE KEYSTONE 4-1849

Enclosed in quadruplicate is Request for New Allowable (Form C-104) following recompletion of the subject well.

Yours very truly,

/s/ Charles M. Heard

CHARLES M. HEARD District Superintendent

Encl.

cc JJ. S. Geological Survey, P. O. Box 965, Farmington, New Mexico
Texas National Petroleum Co., 902 South Coast Life Bldg.,
Houston 2, Texas

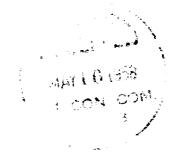
Texas National Petroleum Co., 611 West Broadway, Farmington, New Mexico

El Paso Natural Gas Co., Farmington, New Mexico

Mr. Frank O'Halloran, 304 South Mesa Verde, Aztec, New Mexico

Mr. Boyd R. Moffatt, Oklahoma City Office

Mr. Jaye F. Dyer, Denver Office



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NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

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.

		3. QZ- 1110./			Benver, Cola	rado	May 14,	1958
				••	(Place)			(Date)
ARE H	EREBY RE	QUESTI	NG AN ALLO	WABLE FOR	A WELL KNO	OWN AS:		
ernon-	Prichar	OLL Co	poration -	Johnston-F	edar, Well No	, in.	1/4	1/4
	, Sec	7	, ТЗи	., R 9	, NMPM.,		######################################	
Unit Lan	n Resm		County Dat	Started	4/15/58 Total	Date XIII E	completed .	5/5/58
*******%			Elevation	6614 19	Total	Depth 5909	PBTD	70,50
Please	indicate k	ocation:	Top Oil/Gas F	ay 5099	Name o	f Prod. Form.	Hosaver	<u>le</u>
	; B	A						
		l _x	PRODUCTION THE	5310	-04, 5298-84	, 5000-5770, -5000-5770,	5704-78, 49, 5336-4	7/44-20 26, 5320-1/
E I	- G	H	Perforations_	<u> </u>	130-18, 510\ Depth	-7076, 7300	Depth	(77)
E P	' '	"	Open Hole	<u>Ho</u>	Depth Casing	Shoe	Iubing	2114
			OIL WELL TEST	-				Choke
L 1	K J	I	Natural Prod	. Test:	bbls.oil,	bbls water i	nhrs,	min. Size
		1.	Tost After A	cid or Fractur	e Treatment (after	recovery of volu	me of oil equ	al to volume o
<u>y</u>	1 0	P	lest Arter A	,) L	bls.oil,	bbls water in	hrs,	Choke min∙ Size
" '	" "		load oil use	a):o	DIS, 011,			
			GAS WELL TES	<u> </u>				•
			_ Natural Prod	. Test:	500 MCF/Da	y; Hours flowed	Choke	Size 5
Mng Cag	ing and Com	nting Reco	rd Method of Te	stina (pitot.	back pressure, etc	:.): Pitot	tube	
bing Casing and Cementing Rec		Toet After A	cid or Fractur	e Treatment:	3500M	CF/Day; Hours	flowed	
	1		7 3	open Method	of Testing:	ot tube		
0-3/4	176	175						
		1 200	Acid or Frac	ture Treatment	(Give amounts of	materials used,	such as acid,	water, oii, an
7"	5066	400	- sand): 100,	,000p 20-h	0 sand; 100,0	000 pal. water	<u> </u>	
-1/2		225	Casing Press.	Tubing Press.	Date first oil run to	tanks	5/7/58	
	75905	-			r Transports			
L2/K		swang	Ull Transpor	El Pas	o Matural Ca	Co.		
1-3/8 2-3/8	5771		Gas Transpor	ter				
ubing	5772						******************	
abing						•••••	••••	
abing								
marks:		••••••				••••••		
marks:	by certify t	hat the in	formation given	above is tru	e and complete to	the best of my k	nowledge.	
marks:	by certify t	hat the in	formation given	above is tru	e and complete to	the best of my k	W March	poration
marks:	by certify t	hat the in		above is tru	e and complete to	the best of my k	Operator)	
marks: I here	by certify t	hat the in	formation given	above is tru, 19	e and complete to	the best of my k (Company of	r Operator)	poration
marks: I here	by certify t	hat the in	formation given	above is tru, 19	e and complete to Ande	the best of my k (Company of Company of Com	r Operator)	
marks: I herel	by certify t	hat the in	formation given	above is tru , 19	By: /s/	the best of my k reon-Prichay (Company of	r Operator) nard ture) tendent	
I herel	by certify t	hat the in	formation given	above is tru, 19	By: /s/	the best of my k (Company of (Signs riet Superin d Communication	r Operator) mark ture) tendent ns regarding t	well to:
I herel	by certify t	hat the in	formation given	above is tru, 19	By: /s/ Title Dist	the best of my k reon-Prichay (Company of	r Operator) nard nard nare tendent ns regarding v	well to: