

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.

Midland, Texas

2-14-62

(Place)

(Date)

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

Adobe Oil Company

Hall

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

(Company or Operator)

(Lease)

N **20**, **T** **31N**, **R** **13W**, **NMPM**, **Basin Dakota** Pool

Unit Letter

San Juan

County **San Juan** Date Spudded **12-17-61**

Date Drilling Completed **1-6-62**

Elevation **5662 DF**

Total Depth **6520** PBD **6488**

Please indicate location:

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

Top Oil/Gas Pay **6295**

Name of Prod. Form. **Dakota**

PRODUCING INTERVAL -

Perforations **6304-30, 6347-52, 6370-80 and 6392-6410**

Open Hole _____ Depth **6818** Depth **6395**
Casing Shoe _____ Tubing _____

OIL WELL TEST -

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 Choke 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
8-5/8	289	160
4-1/2	6518	500*
2 EUE	6395	

Method of Testing (pilot, back pressure, etc.):

Test After Acid or Fracture Treatment: **2040** MCF/Day: Hours flowed **3**

Choke Size **3/4** Method of Testing: **Back Pressure**

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **Acid with 300 galls, Fraced w/67,900 gals wtr and 59,000# sd.**

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

Oil Transporter **Plateau, Inc.**

Gas Transporter **Unknown**

Remarks: *** Ran 300 sacks cement 1:1 pozmix with 2% gel with 12# gilsonite throu cement shoe and 200 sacks of same through DV tool at 4457'.**

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

Approved **FEB 16 1962**, 19____

ADOBE OIL COMPANY

(Company or Operator)

By: **A.T. Sindel**

(Signature)

Title **Vice President**

Send Communications regarding well to:

Name **Adobe Oil Company**

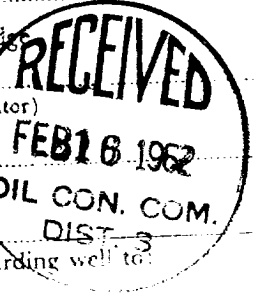
Address **1223 Petroleum Life Bldg-Midland, Texas**

OIL CONSERVATION COMMISSION

Original Signed By

By: **A. R. KENDRICK**

Title **PETROLEUM ENGINEER DIST. NO. 3**



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D. 1000, 1000, 1000	
F. 1000, 1000, 1000	
M. 1000, 1000, 1000	
P. 1000, 1000, 1000	
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