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LAND OFFICE	
TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

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

Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLE

HOPKINS DISTRICT
JAN 5 1964
New Well C.C.
Recompletion
19 PM 1964

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.

.....MALJAMAL.....1-3-64.....
(Place) (Date)

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

.....LEONARD RICHMOND.....AZTEC STATE....., Well No. 4.....in SE 1/4.....
(Company or Operator) (Lease)
....., Sec. 8....., T. 17....., R. 33....., NMPM.,MALJAMAL.....Pool
Unit Letter

Please indicate location:

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

County. Date Spudded.....11.15.1963..... Date Drilling Completed.....11.29.1963.....
Elevation.....4202..... Total Depth.....4415..... PBTD.....

Top Oil/Gas Pay.....4234..... Name of Prod. Form.....LAYBUNG.....

PRODUCING INTERVAL -

Perforations.....4234-44.....4238-44.....4328-34.....4354-62.....
Open Hole..... Depth.....4415..... Depth.....4350.....
Casing Shoe..... Tubing.....

OIL WELL TEST -

Natural Prod. Test:.....NO..... bbls. oil, bbls water in hrs, min. Size.....
Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used):.....32..... bbls. oil,10..... bbls water in.....24..... hrs, min. Size.....2.....

GAS WELL TEST -

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):.....500 GALS. ACID, 4000 LBS. SAND, 20000 GALS. OIL.....

Casing..... Tubing..... Date first new.....12.29.1963.....
Press..... Press..... oil run to tanks.....

Oil Transporter.....TEXAS & NEW MEXICO PIPE LINE CO.....
Gas Transporter.....PHILLIPPS PET.....

Remarks:

THIS WELL IS BEING IN CENTRAL BATTERY WITH OIL AND GAS LINES CONNECTED
THIS IS A PUMPING WELL

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

Approved.....1-5-1964....., 19.....

.....LEONARD RICHMOND.....
(Company or Operator)

By:.....J. L. COOPER.....
(Signature)

OIL CONSERVATION COMMISSION

By:.....
Title.....

Title.....
Send Communications regarding well to:

Name.....

Address.....ALBUQUERQUE, NEW MEXICO.....

O'Clutcheon

Lena M. Wilson