

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 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.

Abilene, Texas
(Place)

9-26-61
(Date)

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

James P. Dunigan
(Company or Operator)

Gifford State, Well No. 1, in NE $\frac{1}{4}$ SE $\frac{1}{4}$,
(Lease)

I, Sec. 32, T. 17 S, R. 33 E, NMPM., Corbin Abo Pool
Unit Letter

Lea

County. Date Spudded 7-31-61 Date Drilling Completed 9-9-61
Elevation 4049 D.F. Total Depth 8829 PBTD 8782

Please indicate location:

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

Top Oil/Gas Pay 8504 Name of Prod. Form. Abo Reef

PRODUCING INTERVAL -

Perforations 8594-8600, 8604-10, 8618-30, 8638-44
Open Hole _____ Depth _____
Casing Shoe 8829 Tubing 8779

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): 223 bbls. oil, 0 bbls water in 24 hrs, 0 min. Size 32/64

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>11 3/4</u>	<u>314</u>	<u>225</u>
<u>8 5/8</u>	<u>2915</u>	<u>250</u>
<u>4 1/2</u>	<u>8829</u>	<u>1500</u>
<u>2 3/8</u>	<u>8779</u>	

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): Washed perforations w/1000 gal. of mud acid

Casing _____ Tubing _____ Date first new _____
Press. 1400 Press. 110 oil run to tanks 9-22-61

Oil Transporter Texas New Mexico Pipe Line Company

Gas Transporter (Not connected at the present time)

Remarks: _____

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

Approved _____, 19 _____

James P. Dunigan

(Company or Operator)

By: _____

(Signature)

Title Superintendent

Send Communications regarding well to:

Name James P. Dunigan

Address 415 Citizens National Bank Building
Abilene, Texas

OIL CONSERVATION COMMISSION

By: _____

Title _____