NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

(Form C-104) Ravised 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. Cas must be reported on 15.025 psia at 60° Fahrenheit.

Farmington, New Mexico, June 13, 1958 WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS: The Texas Company Yarborough-Federal "B", Well No 1 in NW 1/4 NW (Company or Operator) D Sec. 10 T 23-N R 6-W NMPM, Undesignated Pool Tintt Letter Rio Arriba County Date Spudded 3-22-58 4-8-58 Date Drilling Completed Elevation 6730 DF Total Depth 5550 PBTD 5533**'** Please indicate location: Top 011/Gas Pay 5434 _Name of Prod. Form. Gallup C В A PRODUCING INTERVAL -0 5434'-5456' & 5512'-5524' Perforations E F G Ħ _Casing Shoe__ 5446 Open Hole OIL WELL TEST -L K J I 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 P M N Ö load oil used): 37 bbls.oil, -- bbls water in 24 hrs, 0 min. Size 2" GAS WELL TEST -Natural Prod. Test: _____ MCF/Day; Hours flowed ____ Choke Size ___ Tubing Casing and Cementing Record Method of Testing (pitot, back pressure, etc.):_____ Feet Test After Acid or Fracture Treatment: ________MCF/Day; Hours flowed ____ Choke Size - Method of Testing: 286 300 9-5/8 Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and 300 5-1/2 5549 sand): 500 mallons mud acid, 20.000 gallons oil & 30.000# Casing sand. _oil run to tanks Press. Press. McWood Corporation Oil Transporter Gas Transporter Remarks: The above test is a swab test. We are now installing pumping equipment on this well and will take a pumping test as soon as pumping equipment is installed. I hereby certify that the information given above is true and complete to the best of my knowledge. Approved JUN 1 7 1958 The Texas Company **.....**, 19...... (Company or Operator) OIL CONSERVATION COMMISSION (Signature) Original Signed Emery C. Arnold Title Dist./Supit. Send Communications regarding well to: Supervisor Dist. # 3 Name Mr. H. F. Longren Address Box 817, Farmington, New Mexico

AZYEC C	HSTRICT OFFICE
No Copies Re	The same of the sa
019	TRIBUTION .
	HO.
i brillion	
্ট হিন্দু নিজুৰ ক	
Promotion (Afflice)	1
and Office	
14 14 15	
Transporter	
File	