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LAND OFFICE	
TRANSPORTER	OIL
	GAS
PRODUCTION OFFICE	
OPERATOR	

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.

Denver, Colorado

June 14, 1962

(Place)

(Date)

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

**Shar-Alan Oil Company Duff-Federal**

Well No. **2**, in **SW**  $\frac{1}{4}$  **SE**  $\frac{1}{4}$ ,

(Company or Operator)

(Lease)

**0**

Sec. **27**

T. **24N**

R. **1W**

NMPM,

**So Blanco Pictured Cliffs** Pool

Unit Letter

**Rio Arriba**

County. Date Spudded **12-13-61**

Date Drilling Completed **12-61**

Elevation **7354**

Total Depth **3035** PBD

Please indicate location:

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

Top ~~Oil~~ Gas Pay **2996**

Name of Prod. Form. **Pictured Cliffs**

PRODUCING INTERVAL -

Perforations **2996-3016**

Open Hole \_\_\_\_\_ Depth \_\_\_\_\_ Casing Shoe **3025'** Depth \_\_\_\_\_ Tubing **3010'**

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 \_\_\_\_\_

Method of Testing (pitot, back pressure, etc.): \_\_\_\_\_

Test After ~~XXXX~~ Fracture Treatment: **2344** MCF/Day; Hours flowed **3 hr**

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

~~XXXXXX~~ Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **30,000# sand 30,000 gallons water**

Casing Press. **855#** Tubing Press. **855#** Date first new oil run to tanks \_\_\_\_\_

Oil Transporter \_\_\_\_\_

Gas Transporter **El Paso Natural Gas Company**

Remarks: \_\_\_\_\_

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

Approved **JUN 18 1962**, 19\_\_\_\_

OIL CONSERVATION COMMISSION

By: **Original Signed Emery C. Arnold**

Title **Supervisor Dist. # 3**

**Shar-Alan Oil Company**  
(Company or Operator)

By: \_\_\_\_\_  
(Signature)

**Richard S. Hunt**

Title **Manager of Lands & Explorations**  
Send Communications regarding well to:

Name **Shar-Alan Oil Company**

**1402 Denver U. S. National Center**

Address **Denver 2, Colorado**

