

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 April 4, 1961
(Place) (Date)

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

Compass Exploration, Inc. **Federal**, Well No. **3-7**, in **SU** $\frac{1}{4}$ **SU** $\frac{1}{4}$,
(Company or Operator) (Lease)

N, Sec. **7**, T. **24N**, R. **7E**, NMPM, **Escrito-Gallup** Pool
Unit Letter

Rio Arriba County. Date Spudded **1/12/61** Date Drilling Completed **1/25/61**
Elevation **7102 GL** Total Depth **6154** PBD **6148**

Please indicate location:

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

Top Oil/Gas Pay **6006** Name of Prod. Form. **Gallup**

PRODUCING INTERVAL -

Perforations **6006-6023**

Open Hole Depth Casing Shoe **6148** Tubing **6045**

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): **23** bbls. oil, _____ bbls water in **24** hrs, _____ min. Size **12/64"**

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
8 5/8	212	135
5 1/2	6148	200
2 3/8	6045	

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

Test After Acid or Fracture Treatment: _____ MCF/Day; Hours flowed _____

Choke Size _____ Method of Testing: _____

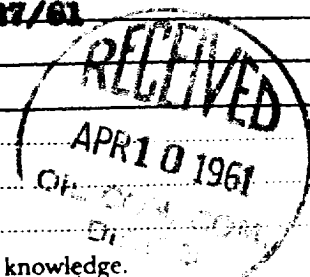
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **42,000# sand; 30,000 gal lease crude**

Casing Tubing Date first new Press. oil run to tanks **2/27/61**

Oil Transporter **M. J. Head Corp.**

Gas Transporter _____

Remarks: _____



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

Approved April 4 MAY 10 1961, 19 61

Compass Exploration, Inc.
(Company or Operator)

OIL CONSERVATION COMMISSION

By: [Signature]
(Signature)

Chief Geologist

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

Title _____
Send Communications regarding well to:

Title **Supervisor Dist. # 3**

Name **Compass Exploration, Inc.**
101 University Boulevard
Address **Denver 6, Colorado**

STATE OF NEW MEXICO	
OIL CONSERVATION COMMISSION	
AZTEC DISTRICT OFFICE	
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