

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR ~~RECOMPLETION~~ - (GAS) ALLOWABLE

~~RECOMPLETION~~
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.

Hobbs, New Mexico

January 21, 1959

(Place)

(Date)

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

Magnolia Petroleum Company Jillson-Federal, Well No. 1, in NE 1/4 NE 1/4,

(Company or Operator)

(Lease)

A, Sec. 7, T. 24N, R. 3W, NMPM., South Blanco Pictured Cliffs Pool

Unit Letter

Rio Arriba

County. Date Spudded 4-4-56

Date Drilling Completed 4-15-56

Elevation _____ Total Depth 3195' PBD 3190'

Please indicate location:

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

Top Oil/Gas Pay 3158 Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

Perforations 3158' - 3181'

Open Hole _____ Depth _____ Casing Shoe 3195' Depth _____ Tubing 3182'

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 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 Acid or Fracture Treatment: 4290 MCF/Day; Hours flowed 3

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

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 58,400 Gal. Water & 69,000 # Sand

Casing _____ Tubing 1012 Date first new _____
Press. _____ oil run to tanks _____

Oil Transporter _____

Gas Transporter Pacific Northwest Pipeline Corporation

Remarks: Well worked over to lower tubing - Plunger Installed. No change in Producing Interval. Workover completed 8-2-58.

I hereby certify that the information given above is true and complete to the best of my knowledge.
Approved JAN 26 1959, 19____ Magnolia Petroleum Company
(Company or Operator)

OIL CONSERVATION COMMISSION

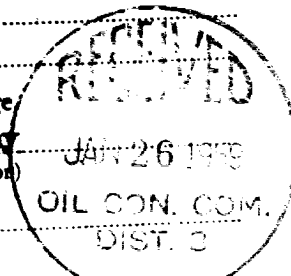
By: Original Signed Emery C. Arnold

Title Supervisor Dist. # 1

By: _____ (Signature)
Title District Superintendent-Natural Gas Dept.
Send Communications regarding well to:

Name Magnolia Petroleum Company
P. O. Box 2406
Address Hobbs, New Mexico

Attn: Mr. Lee E. Robinson, Jr.



OIL CONSERVATION COMMISSION		
AZTEC DISTRICT OFFICE		
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