

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.

Farmington, New Mexico January 26, 1961
(Place) (Date)

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

Mountain States Petroleum Co. Federal Well No. 32-E-1 in NW 1/4 NE 1/4,
(Company or Operator) (Lease)

B Sec. 32 T. 26N R. 2W NMPM., Pinelake Pool
Unit Letter

Rio Arriba

Please indicate location:

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

County. Date Spudded 11/14/60 Date Drilling Completed 11/29/60
Elevation 7540 D.F. Total Depth 3951 PBDT 3949
Top Oil/Gas Pay 3882 Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

Perforations 3882-89, 3900-05, 3920-32
Open Hole _____ Depth 3949 Depth 3920
Casing Shoe _____ Tubing _____

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 _____

Tubing, Casing and Cementing Record

Size	Feet	Size
<u>8 5/8</u>	<u>100</u>	<u>50</u>
<u>4 1/2</u>	<u>3949</u>	<u>125</u>
<u>4 1/2</u>	<u>3920</u>	

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

Test After Acid or Fracture Treatment: 2239 MCF/Day; Hours flowed 3

Choke Size 3/4" Method of Testing: Flow through casing

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): Fraced w/ 35,000 lbs. sd and 38,000 gals. water.

Casing _____ Tubing _____ Date first new _____
Press. 1021 Press. 1009 oil run to tanks _____

Oil Transporter _____

Gas Transporter El Paso Natural Gas Company

Remarks: Waiting on pipeline connections.

RECEIVED

JAN 31 1961

OIL CON. COM.
DIST. 3

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

Approved JAN 31 1961, 19 _____

Mountain States Petroleum Corporation
(Company or Operator)

OIL CONSERVATION COMMISSION

By: Jack A. Dale
(Signature)

Title Geologist
Send Communications regarding well to:

Name Mountain States Petroleum Corporation

Address P. O. Box 1741, Farmington N. M.

By: Original Signed Emery C. Arnold

Title Supervisor Dist. #3

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OIL CONSERVATION COMMISSION		
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