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.

Albuquerque, New Mexico (Place) August 20, 1957 (Date)

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

Northwest Production Corp. (Company or Operator) "C" (Lease), Well No. 9-30, in NW ¼ SW ¼,

L (Unit Letter), Sec. 30, T. 26N, R. 4W, NMPM., Wildcat (PC) Pool

Rio Arriba County. Date Spudded 7-21-57 Date Drilling Completed 8-6-57

Elevation 6658 unGr grnd Total Depth 3295 PBTD 3287

Top Oil/Gas Pay 3173 Name of Prod. Form. Pict Cliffs

PRODUCING INTERVAL -

Perforations 3173-3214

Open Hole ____ Depth Casing Shoe 3295 Depth Tubing 3199.37'

OIL WELL TEST -

Natural Prod. Test: ____ bbls.oil, ____ bbls water in ____ hrs, ____ min. Choke Size ____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): ____ bbls.oil, ____ bbls water in ____ hrs, ____ min. Choke 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: 2,161 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): Frac w/40,000 gals wtr and 40,000# sd

Casing Press. ____ Tubing Press. ____ Date first new oil run to tanks ____

Oil Transporter ____

Gas Transporter Waiting on Pipeline

Please indicate location:

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
7-5/8	132.62	75
5	3282.5	100
1½	3188.37	-

Remarks: ____

RECEIVED
OIL CON. COM.
DIST. 3

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

Approved ____, 1957, 19____

OIL CONSERVATION COMMISSION

By: [signature]

Title Supervisor Dist. # 3

Northwest Production Corp. (Company or Operator)

RAY PHILLIPS

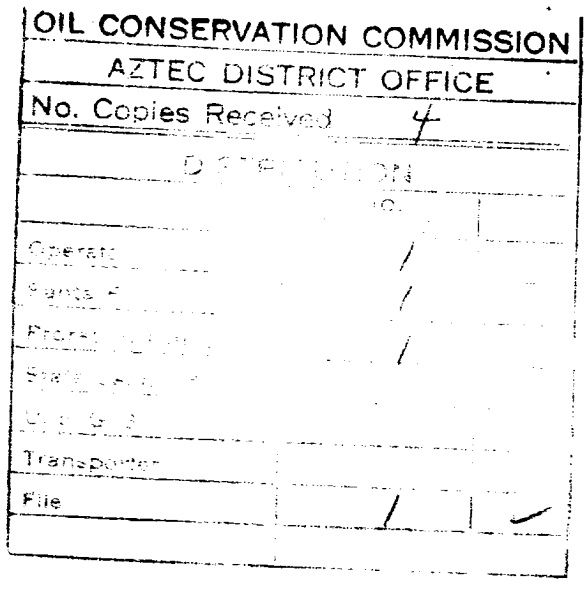
By: Ray Phillips (Signature)

Title Asst. Mgr., Prod. Opr

Send Communications regarding well to:

Name W. B. Johnston

Address 520 Simms Bldg., Albuquerque, N.M.


OIL CONSERVATION COMMISSION
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