

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.

Dallas, Texas

August 12, 1959

(Place)

(Date)

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

Southern Union Gas Company Jicarilla

Well No. 4-H, in SW 1/4 NW 1/4

(Company or Operator)

(Lease)

E

Sec. 19

T. 26N

R. 4W

NMPM., Co. Planco Pictured Cliffs

Pool

Unit Letter

Rio Arriba

County. Date Spudded June 11, 1959 Date Drilling Completed 7-9-59

Elevation 6631' Total Depth 3375' FBTD

Please indicate location:

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

Top Oil/Gas Pay 3230 Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

Perforations 3230-3236', 3240-3264', 3306-3312', 3318-3328' and 3290-3297'

Open Hole _____ Depth _____ Casing Shoe _____ Depth _____ Tubing 3231.34'

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 load oil used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____ Choke

GAS WELL TEST -

Natural Prod. Test: Too small to measure MCF/Day; Hours flowed _____ Choke Size _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>9-5/8"</u>	<u>214</u>	<u>120</u>
<u>5-1/2"</u>	<u>3365.46</u>	<u>150</u>
<u>2"</u>	<u>3231.34</u>	

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

Test After Acid or Fracture Treatment: 1,411 MCF/Day; Hours flowed 3

Choke Size 3/4" Method of Testing: Single-Point Back Pressure Test
CAOP 3,083 WCFPD

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): Placed w/100,000# sand, 58,800 gals water

Casing 979# Tubing 979# Date first new _____
Press. _____ Press. _____ oil run to tanks _____

Oil Transporter _____

Gas Transporter Southern Union Gas Company

Remarks: _____

I hereby certify that the information given above is true and complete to the best of my knowledge.
Approved AUG 14 1959, 19____

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title Supervisor Dist # 3

Title _____

SOUTHERN UNION GAS COMPANY

Original Signed By _____

By: P. J. CLOTE

Paul J. Clote (Signature) Manager

Title Drilling and Production

Send Communications regarding well to:

Name Paul J. Clote

Address 1001 Burt Bldg., Dallas, Texas

OIL CONSERVATION COMMISSION		
AZTEC DISTRICT OFFICE		
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