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NEW MEXICO OIL CONSERVATION COMMISSION

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

Santa Fe, New Mexico

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
(Place)

2-2-62
(Date)

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

Occidental Petroleum Corp. Well No. 5-6, in NE $\frac{1}{4}$ SW $\frac{1}{4}$,
(Company or Operator) (Lease)

K, Sec. 6, T. 26N, R. 5W, NMPM, South Blanco Pool
Unit Letter

Bl. Arriba

County. Date Spudded 11-22-61 Date Drilling Completed 12-4-61

Please indicate location:

Elevation 6672 Gals. Total Depth 3425 PBD 3390

Top Oil/Gas Pay 3267 Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

Perforations 3273-96, 3318-3328

Open Hole None Depth 3422 Casing Shoe 3422 Depth 3390 Tubing

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 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: APF 6213 MCF/Day; Hours flowed 3 hrs.

Choke Size 3/4" Method of Testing: One point back pressure

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 30,000# 20-40 sd., 29,800 gal. wtr.

Casing Press. 1096 Tubing Press. _____ Date first new oil run to tanks _____

Oil Transporter _____

Gas Transporter _____

Remarks: _____

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

Approved FEB 5 '62, 19____

Occidental Petroleum Corp.
(Company or Operator)

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title Supervisor Dist. # 3

By: Original signed by T. A. Dugan
(Signature)

Title Consulting Engineer

Send Communications regarding well to:

Name T. A. Dugan

Address Farmington, New Mexico

