

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 QUADRUPPLICATE 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 28, 1959

(Place)

(Date)

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

Southern Union Gas Company

Alcorilla

Well No. 3-4, in NE $\frac{1}{4}$, NW $\frac{1}{4}$,

(Company or Operator)

(Lease)

C, Sec. 1, T. 26N, R. 5W, NMPM, Truncito Pictured Cliffs Pool

Unit Letter

Rioriba

County. Date Spudded 7-18-59

Date Drilling Completed 8-2-59

Please indicate location:

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

Elevation 7361' Total Depth 4235' PBD

Top Oil/Gas Pay 4078' Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

4078-4273'

Perforations

Open Hole _____ Depth _____ Casing Shoe _____ Depth _____ Tubing 4075'

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

GAS WELL TEST -

Too Small

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

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

Test After Acid or Fracture Treatment: 4,370 MCF/Day; Hours flowed 3

Choke Size 3/4 Method of Testing: Single-Point Back Pressure Test

QAP 11,704 MCFD

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): Frased w/90,000# sand, 50.7% gals. water

Casing _____ Tubing _____ Date first new Press. 870# Press. 870# 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 31 1959, 19 _____

SOUTHERN UNION GAS COMPANY

Original Signed By _____ (Company or Operator)

By: L. S. MUENNINK

L. S. Muennink (Signature) **Exploration Engineer**

Title _____

Send Communications regarding well to:

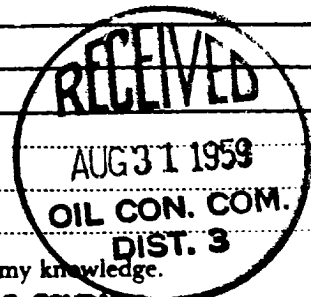
Name Paul J. Clote

Address 1001 Hart Building, Dallas, Texas

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title Supervisor Dist. # 3



OIL CONSERVATION COMMISSION
AZTEC DISTRICT OFFICE

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