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NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well **XX**
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.

Denver, Colorado

November 30, 1962

(Place)

(Date)

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

Compass Exploration, Inc. Federal-Lindrith, Well No. **1-4**, in **SE** $\frac{1}{4}$ **NE** $\frac{1}{4}$,
(Company or Operator) (Lease)
H, Sec. **4**, T. **26N**, R. **7W**, NMPM., **Gallup-undesignated** Pool

Unit Letter

Rio Arriba

County. Date Spudded **4/26/62** Date Drilling Completed **10/26/62**
Elevation **6614 RKB** Total Depth **7453** PBD **7412**

Please indicate location:

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

1850/N 790/E

(FOOTAGE)

Tubing, Casing and Cementing Record

Size	Feet	Sax
9-5/8"	223'	200
5-1/2"	7420	300
2-1/16"	6668	Tubing

Top Oil/Gas Pay **6656** Name of Prod. Form. **Gallup**

PRODUCING INTERVAL -

Perforations **6656-6662**

Open Hole Depth **7431** Depth Casing Shoe **6667.67**

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: **6000** MCF/Day; Hours flowed _____ Choke Size **2"**

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

Test After Acid or Fracture Treatment: **6008** MCF/Day; Hours flowed **3**

Choke Size **3/4"** Method of Testing: **Single point back pressure**
(15,000# 20-40 sd., 18,144 gallons oil)

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand):

Casing Press. **1561** Tubing Press. **1547** Date first new oil run to tanks **12-15-62**

Oil Transporter **(Inland Crude, Inc.) LaMar Trucking Co.**

Gas Transporter **El Paso Natural Gas Company**

Remarks: **This is a dual completion. Gallup-Dakota gas/gas**
Dakota data is filed on a separate C-104

I hereby certify that the information given above is true and complete to the best of my knowledge,
Approved **DEC 3 1962**, 19____, **Compass Exploration, Inc.**
(Company or Operator)

OIL CONSERVATION COMMISSION

By: **Original Signed by W. B. Smith**
DEPUTY OIL & GAS INSPECTOR DIST. NO. 3
Title _____

By: **P. J. Farrelly**
(Signature)

Chief Geologist

Title _____
Name: **Send Communications regarding well to:**
P. J. Farrelly
101 University Boulevard
Denver 6, Colorado