

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR ~~WELL~~ - (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.

Denver, Colorado

April 14, 1964

(Place)

(Date)

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

E. L. Fundingsland

Sunical Federal

Well No. **4-D**, in **NW** $\frac{1}{4}$ **SW** $\frac{1}{4}$,

(Company or Operator)

(Lease)

L, Sec. **20**

T **26N**

R **7W**

NMPM., **Basin Dakota**

Pool

Unit Letter

Rio Arriba

County. Date Spudded. **2/4/64**

Date Drilling Completed **2/28/64**

Elevation **6452 DF** Total Depth **6750** PBD **6730**

Please indicate location:

Top ~~Oil~~/Gas Pay **6506** Name of Prod. Form. **Dakota**

PRODUCING INTERVAL -

6700-07

Perforations **6508-25; 6558-64; 6584-88; 6612-16; 6638-47; 6658-62; 6666-78;**

Open Hole _____ Depth **6747** Depth **6640**
Casing Shoe _____ Tubing _____

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. 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~~ Fracture Treatment: **1210** 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): **50,000# Sand & 77,800 Gals Wtr & 333,400 cubic feet CO2**

Casing Press. **2320** Tubing Press. **2320** Date first new oil run to tanks _____

Oil Transporter **McWood Corporation**

Gas Transporter **El Paso Natural Gas Company**

D	C	B	A
E	F	G	H
Section 20			
L	K	J	I
M	N	O	P

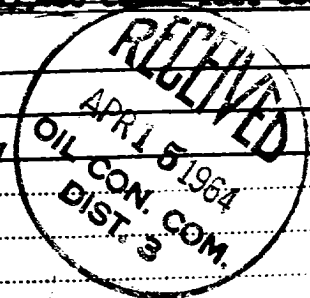
1980' FSL & 980' FWL

(FOOTAGE)

Tubing, Casing and Cementing Record

Size	Feet	Size
8 5/8"	240	150
4 1/2"	6747	350
2 3/8"	6640	

Remarks:



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

Approved **APR 15 1964**, 19.....

E. L. Fundingsland

(Company or Operator)

By: *E. L. Fundingsland, Jr.*
(Signature)

OIL CONSERVATION COMMISSION

Original Signed **Emery C. Arnold**

By: _____

Title: **Exploration Manager**

Send Communications regarding well to:

Title **Supervisor Dist. # 3**

Name: **E. L. Fundingsland, Jr.**

Address: **1402 Denver U.S. National Center
Denver 2, Colorado**