

NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

(Form C-104)
(Revised 7/1/52)

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 oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Dallas, Texas

July 22nd, 1955

(Place)

(Date)

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

Southern Union Gas Company **Newcom**, Well No. **6**, in **NE** $\frac{1}{4}$ **NE** $\frac{1}{4}$,
(Company or Operator) (Lease)
A, Sec. **20**, T. **26-N**, R. **8-W**, NMPM, **Ballard Pictured Cliff** Pool
(Unit)
San Juan County. Date Spudded **6-2-55**, Date Completed **6-21-55**

Please indicate location:

			o

Section 20

Elevation **6402'** Total Depth **2242'** P.B.Top oil/gas pay **2145'** Name of Prod. Form **Pictured Cliff**

Casing Perforations: or

Depth to Casing shoe of Prod. String **2145'**

Natural Prod. Test BOPD

based on bbls. Oil in Hrs. Mins.

Test after acid or shot BOPD

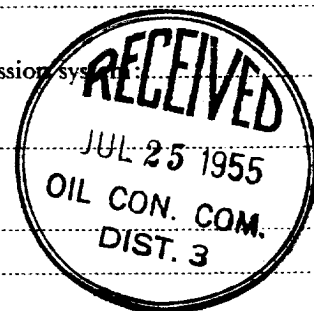
Based on bbls. Oil in Hrs. Mins.

Gas Well Potential **1089.4' / MCF SICP 642#/19 Days**

Size choke in inches.

Date first oil run to tanks or gas to Transmission system

Transporter taking Oil or Gas:



Remarks:

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

Approved **JUL 25 1955**, 19

OIL CONSERVATION COMMISSION

By: **S. V. Roberts**Title **PETROLEUM ENGINEER DIST. NO. 3****Southern Union Gas Company**

Original Signed (Company or Operator)

By: **A. M. WIEDERKEHR****A. M. Wiederkehr** (Signature)Title **Manager, Exploration Department**

Send Communications regarding well to:

Name **A. M. Wiederkehr**Address **1001 Burt Building, Dallas, Texas**

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