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NEW MEXICO OIL CONSERVATION COMMISSION (Form C-104)
 Santa Fe, New Mexico 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 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 2/20/64
 (Place) (Date)

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

Huron Drilling Company, Inc. Davis, Well No. 2, in SW $\frac{1}{4}$ SE $\frac{1}{4}$,
 (Company or Operator) (Lease)
0 Sec. 5 T. 26N R. 8W NMPM, Ballard Pictured Cliffs Pool
 Unit Letter
San Juan County. Date Spudded 1/24/64 Date Drilling Completed 1/28/64

Please indicate location:

D	C	B	A
E	F	G	H
		5	
L	K	J	I
M	N	O	P

890 FSL & 1850 FEL
 (FOOTAGE)

Tubing, Casing and Cementing Record

Size	Feet	Size
<u>8 5/8"</u>	<u>88</u>	<u>80 Sx</u>
<u>4 1/2"</u>	<u>2264</u>	<u>150 Sx</u>
<u>1"</u>	<u>2058</u>	

Elevation 6263 D.F. Total Depth 2270 PBTD 2231
 Top Oil/Gas Pay 2064 Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

Perforations 2064 - 2162
 Open Hole _____ Depth Casing Shoe 2264 Depth Tubing 2058

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.): CAOF - 1,942
 Test After Acid or Fracture Treatment: 1,829 MCF/Day; Hours flowed 3
 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): 40,000# 10-20 sand and 25,200 Gal. Water & 20 Tons CO₂

Casing Press. 640 Tubing Press. 625 Date first new 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 MAR 10 1964, 19____ Huron Drilling Company, Inc.
 (Company, or Operator)

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold
 Title Supervisor Dist. # 3

By: [Signature]
 (Signature)

Title Drilling Supt.
 Send Communications regarding well to:
 Name H. D. Hale

Address Suite 715, Farmers Union Bldg., Denver Colo.

