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NEW MEXICO OIL CONSERVATION COMMISSION

(Form C-104)

Revised 7/1/57

Santa Fe, New Mexico

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.

Durango, Colorado
(Place)

10/1/62

(Date)

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

Secony Mobil Oil Company, Inc. (Company or Operator) **Boulder** (Lease), Well No. **32-14**, in **SW** $\frac{1}{4}$ **NE** $\frac{1}{4}$, **S** Sec. **14**, T. **28N**, R. **1W**, NMPM, **Boulder Monoco** Pool

Rio Arriba County. Date Spudded **8/31/62** Date Drilling Completed **9/10/62**
Elevation **7302 KB** Total Depth **3730** FBD **3725**

Please indicate location:

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

Top Oil/Gas Pay **3261** Name of Prod. Form. **Fractured Lallup**

PRODUCING INTERVAL -

Perforations **3261 to 3718 at intervals**

Open Hole Depth **3725** Casing Shoe **3725** Tubing **3719**

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 load oil used): **76** bbls.oil, **0** bbls water in **24** hrs, **0** min. Size **2"**

GAS WELL TEST -

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

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

Test After Acid or Fracture Treatment: _____ MCF/Day; Hours flowed _____

Choke Size _____ Method of Testing: _____

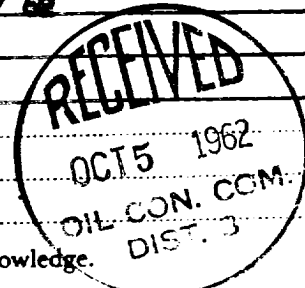
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **2000 Bbls Lease Crude**

Casing Press. _____ Tubing Press. _____ Date first new oil run to tanks **10 / 1 / 62**

Oil Transporter **Mc Wood Corporation**

Gas Transporter _____

Remarks:



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

Approved **OCT 5 1962**, 19____

Secony Mobil Oil Company, Inc. (Company or Operator)

By: **P. M. Barry**

(Signature)

Dist. Prod. Supt.

Title _____ Send Communications regarding well to:

Name **P. M. Barry**

Address **P. O. Box 3371 Durango, Colorado**

OIL CONSERVATION COMMISSION

By: **Original Signed Emery C. Arnold**

Title **Supervisor Dist. # 3**

NR000 4 Spgs 1 Pm 1 File 1