

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
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
(Place)

10-23-62
(Date)

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

Southern Union Production Co., Congress Lachman, Well No. 4, in SW $\frac{1}{4}$ SW $\frac{1}{4}$,
(Company or Operator) (Lease)

M, Sec. 18, T. 28-N, R. 10-W, NMPM, Basin Dakota Pool
Unit Letter

San Juan

County. Date Spudded 9-7-62 Date Drilling Completed 9-21-62
Elevation 5956 G.L. Total Depth 6610 PBD 6568

Please indicate location:

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

Top Oil/Gas Pay 6302 Name of Prod. Form. Dakota
PRODUCING INTERVAL - 6456-6480 6302-6312
6380-6420 6322-6330

Perforations _____ Depth _____
Open Hole - Casing Shoe 6617 KB Depth _____
Tubing 6321 KB

OIL WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
8-5/8"	267 KB	175
4-1/2"	6617 RKB	625
2-3/8"	6321 RKB	---

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

Test After Acid or Fracture Treatment: Q = 6506 MCF/Day; Hours flowed 3

Choke Size 3/4" Method of Testing: Multi Point Back Pressure Test C-122
CAOF 10365 MCFPD

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): Sand-Water frac w/125,000# sand and 115,600 Gal. water.

Casing _____ Tubing _____ Date first new _____
Press. 1788 Press. 1795 oil run to tanks _____

Oil Transporter New Mexico Tankers, Inc. and Plateau, Inc.

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 OCT. 26 1962, 19_____
SOUTHERN UNION PRODUCTION COMPANY
(Company or Operator)

OIL CONSERVATION COMMISSION

By: Original Signed by W. B. Smith

Title DEPUTY OIL & GAS INSPECTOR DIST. NO. 3

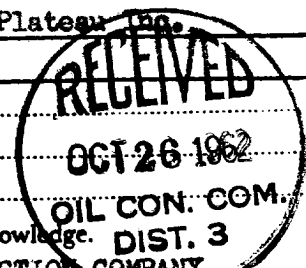
By: D. G. Macy
(Signature)

Title Petroleum Engineer

Send Communications regarding well to:

Name L. S. Muennink, Area Superintendent

Address P. O. Box 808, Farmington, N.M.



DATE OF		
OIL COMS REGISTRATION		
AXI-C D ST.		
OILS, OIL COMES REG.		
P. 11		
SANYI TL		
OIL REG.		
OILS REG.		
REG. OFFICE	OIL	
REGISTRATION OFFICE	REG.	
OPERATOR		