

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.

A Albuquerque, New Mexico 11/11/57
(Place) (Date)

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

Royal Development Company (Company or Operator), Well No. 1, in SE $\frac{1}{4}$ SE $\frac{1}{4}$,
(Lease)
P, Sec. 33, T. 28N, R. 13W, NMPM, Douthit - wildcat Pool
Unit Letter
San Juan County. Date Spudded 5/10/57 Date Drilling Completed 7/22/57

Please indicate location:

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

Elevation 5962 GL Total Depth 6361 PBTD 6185
Top Oil/Gas Pay 6069 Name of Prod. Form. Dakota

PRODUCING INTERVAL -

Perforations 6069-86 6114-6128
Open Hole cased 5 $\frac{1}{2}$ " Depth 6185 Depth 6128
Casing Shoe Tubing

OIL WELL TEST - Some oil - some water on production 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 _____

Tubing, Casing and Cementing Record

| Size | Feet | Sax |
|----------------------------------|-------------|------------|
| <u>9 7/8</u> | <u>200</u> | <u>150</u> |
| <u>5$\frac{1}{2}$</u> | <u>6185</u> | <u>350</u> |
| | | |
| | | |

Method of Testing (pitot, back pressure, etc.): _____
Test After Acid or Fracture Treatment: 5,229 MCF/Day; Hours flowed 3 hrs.
Choke Size 3/4 Method of Testing: shut in 7 days, then flowed 3 hrs.
and tested.

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 1000 bbl. oil - 1# sand to gal.

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

Oil Transporter _____

Gas Transporter _____

Remarks: Produces some oil and water along with gas



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

Approved November 14, 1957

Royal Development Company
(Company or Operator)

OIL CONSERVATION COMMISSION

By: HE Hulman
(Signature)

By: Original Signed Emery C. Arnold

Title Business Manager
Send Communications regarding well to:

Title Supervisor Dist. # 3

Name Royal Development Co.

Address P.O. Box 1299
Albuquerque, N.M.

AZTEC DIST. OFFICE
 No. 2

No. 2014

[illegible]