

NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
Recompletion
Revised 7/1/57
(Form C-104)

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.

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

Southern Union Production Company, Well No. **1-B**, in **NE** $\frac{1}{4}$ **SW** $\frac{1}{4}$,
(Company or Operator) (Lease)
K **Sec. 31**, **T 29-N**, **R 10-W**, **NMPM**, **Basin-Dakota** Pool
Unit Letter

County, Date Spudded **12/13/61**, Elevation **5703 ft**, Total Depth **6550** PBD, Date Drilling Completed **1/7/62**,
Top Gas Pay **6270** Name of Prod. Form.

Producing Interval -
Perforations **6474-6474, 6350-6390, 6290-6294, 6438-6431, 6270-6274**
Depth Depth
Open Hole **6539.9** Casing Shoe **6539.9** Tubing **6304**

OIL WELL TEST -

Natural Prod. Test: - bbls. oil, - hrs, - min. Size Choke
Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): - bbls. oil, - hrs, - min. Size Choke
GAS WELL TEST -

Natural Prod. Test: - MCF/Days; Hours flowed - Choke Size -

Method of Testing (pilot, back pressure, etc.):
Test After Acid or Fracture Treatment: **9 = 2905** MCF/Days; Hours flowed **3**
Choke Size **3/4** Method of Testing: **10-15 Test Back Pressure Test 0-122**
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **70,000# 20-40 Sand & 73,332 gallons water.**
Casing Tubing Press. **2009** Date first new oil run to tanks **2006**
Oil Transporter **New Mexico Tankers, Inc.**
Gas Transporter **Southern Union Gas Company**

Remarks:

By: (Original Signed Emery C. Arnold)
Title Supervisor Dist. # 3
Name: L. S. Hambrick
Address: P. O. Box 808 - Farmington, N.M.

I hereby certify that the information given above is true and complete to the best of my knowledge. DIST. 3
Approved: MAR 5 1962
Oil Conservation Commission

By: (Signature) L. S. Hambrick
Title Production Superintendent
Send Communications regarding well to:

RECEIVED
MAR 5 1962
OIL CON. DIST. 3

STATE OF NEW MEXICO	
OIL CONS. RATION COMMISSIO	
AZ. C. DISTRICT OFFICE	
NUMBER OF COUPES RECEIVED	
D. C. T. N.	
SANTA FE	FILE
U.S.G.S.	LAND OFFICE
OIL	TRANSPORTER
G.S.	PRODUCTION OFFICE
OPERATION	