

NEW MEXICO OIL CONSERVATION COMMISSION  
Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLE

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

This form shall be submitted by the operator before an initial allowable will be assigned to an 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.

Hobbs, New Mexico December 18, 1959  
(Place) (Date)

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

**SOUTHWEST PRODUCTION COMPANY** **Gallow Federal**, Well No. **1**, in **NE**  $\frac{1}{4}$  **SE**  $\frac{1}{4}$ ,  
(Company or Operator) (Lease)

**I**, Sec. **33**, T. **29N**, R. **13W**, NMPM., **Undesignated** Pool  
Unit Letter

**San Juan**

County. Date Spudded **8/29/59** Date Drilling Completed **11/13/59**  
Elevation **5500 GL** Total Depth **6070'** PBD **6022.46'**

Please indicate location:

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

Top Oil/Gas Pay **5164** Name of Prod. Form. **Gallup**

PRODUCING INTERVAL -

Perforations **5164-5266' w/ 2 1/2" JSPF**  
Open Hole \_\_\_\_\_ Depth \_\_\_\_\_  
Casing Shoe \_\_\_\_\_ Tubing \_\_\_\_\_

OIL WELL TEST -

Natural Prod. Test: **193.14** bbls. oil, **0** bbls water in **24** hrs, \_\_\_\_\_ min. Size **18/64** Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): \_\_\_\_\_ bbls. oil, \_\_\_\_\_ bbls water in \_\_\_\_\_ hrs, \_\_\_\_\_ min. Size \_\_\_\_\_ Choke

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sex
<b>10-3/4"</b>	<b>302'</b>	<b>300 sx</b>
<b>7"</b>	<b>6069'</b>	<b>2 stage*</b>
<b>2-3/8"</b>	<b>0</b>	<b>5118'</b>

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): **\***

Casing \_\_\_\_\_ Tubing \_\_\_\_\_ Date first new  
Press. \_\_\_\_\_ Press. \_\_\_\_\_ oil run to tanks **12/1/59**

Oil Transporter **McLeod**

Gas Transporter \_\_\_\_\_

Remarks: **\* See attached report on casing and treatment- This is dual completion- Gallup Oil and Dakota Gas, Baker Latch Type Packer set at 5754'- This form for oil only, packer leakage test attached- dual application will be filed**

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

Approved \_\_\_\_\_ DEC 22 1959, 19\_\_\_\_

**SOUTHWEST PRODUCTION COMPANY**  
(Company or Operator)

OIL CONSERVATION COMMISSION

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

Title: **Supervisor Dist. # 3**

By: **Helen Smith** (Signature)

Title: **Agent** Send Communications regarding well to:

Name: **c/o Oil Reports, Box 763, Hobbs, N. M.**

Address: \_\_\_\_\_