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1 File

NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

Form C-104)

Terrised 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.

						Farmingt (Place)	on, Ne	w Mexic	eo 1-	-13-59 Date)	
WE ADE	HFI	REBY RE	OUESTIN	G AN ALLO	WABLE FOR	A WELL KN	IOWN A	S:			
Pa	aul	Case			Sullivar	Well No	5	, ia	NE ,	4. NE 1/4,	
,	C				(Lease)						
A		, Sec	30	, T. 29N	., R. 10W	, NMPM.,	AZUEC	Fruit	Lanu	Pool	
Unit	San	Juan		County. Dat	e Spudded:	12-3-58	Date	Drilling	Completed	12-27-58	
P	lease i	indicate lo	cation:	Elevation	5494 G.L.	Total	l Depth	1005	Fmittland	1,0)	
	C	В	A	Top Oil/Gas I	Pay 1472	Name	of Prod.	Form.	Prultand		
			x	PRODUCING IN							
				Perforations	1472	- 1550 Depth			Depth		
E	F	G	H	Open Hole	None	Depth Casir	ng Shoe	1800	Tuking_		
				OIL WELL TES	<u> </u>					~ .	
L	K	J	I	Natural Prod	- . Test:	bbls.oil,		is water	inhrs.	Choke -in. Size	
										13. to volume of	
M	N	0	P							Choke _m.m. Size	
											
				GAS WELL TES	-		' 5 11	61 -	21.2.4		
										2 + 2*	
	-		nting Recor							3	
Size			- SAX	Test After A	cid or Fractur •//•	e Treatment:	me not	nt becl	Cr/Day: Hours • nrescure	1med 3	
8-5/	/g#	100	100	Choke Size	Method	of Testing:	me poi		probbar		
				Acid or Frac	ture Treatment	(Give amounts o	f materia	is used,	such as acii,	water, cil, and	
5-1/	/2"	1892	150	sand):	33,600 gal	wtr 20,	000 # s	<u>d</u>			
İ				Casing 64	Tubing Press.	Date firs	t new to tanks				
				7	ter						
						nxilabus kr	Dr. R. X S. R.	reak			
Dl											
Kemark	LS :						••••				
				•••••	•••••						
					above is true	and complete t	to the bes	t of my k	nowledge.		
	hereby	certify th	iat the into . 1959	given	10	Paul (
Approv	ed				, 19		10	c vasamo	r Operator)		
	011	CONSE	DVATION	COMMISSI	ON	Bv:)riginal	- ខ្សាវ្ឌាក		: 	
	OIL	CONSE	RVATION	COMMISSI	011	By: (Signature)					
Ву:	Ori	ginal Si	gned En	nery C. Ar	poló	TitleSer	ulting	Geolog	ist ns regarding	well to:	
Title Supervisor Dist. # 3						Send Communications regarding well to: Val R. Reese & Associates, Inc. Name.					
						Name	00 So.	Commerc	ial. Farm	ington, N.M.	
						Address				, <u> </u>	

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