

4 NMOCC
1 Case
1 Reese
1 File

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)

1-19-59
(Date)

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

Paul Case

Sullivan

Well No. 6

in NW

1/4 NE

1/4

(Company or Operator)

(Lease)

B

Sec. 25

T. 29N

R. 11W

NMPM.

Aztec Fruitland

Pool

Unit Letter

San Juan

County. Date Spudded. 12-13-58

Date Drilling Completed 12-27-58

Please indicate location:

Elevation 5466 G.L.

Total Depth 1800 PBT 1797

Top Oil/Gas Pay 1482

Name of Prod. Form. Fruitland

PRODUCING INTERVAL -

Perforations 1482 - 1520

Open Hole _____ Depth _____
Casing Shoe 1800 Depth _____
Tubing _____

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ 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, _____ 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	Sax
<u>8-5/8"</u>	<u>100'</u>	<u>100</u>
<u>5-1/2"</u>	<u>1892'</u>	<u>150</u>

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

Test After Acid or Fracture Treatment: CAOP 3799 MCF/Day; Hours flowed 3

Choke Size 3/4" Method of Testing: One Point Back Pressure

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 33,600 gal wtr 20,000# 20-40 sd.

Casing _____ Tubing _____ Date first new _____
Press. 586 Press. _____ oil run to tanks _____

Oil Transporter _____

Gas Transporter _____

Remarks: _____

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

Approved JAN 20 1959, 19____

Paul Case

(Company or Operator)

OIL CONSERVATION COMMISSION

Original Signed Emery C. Arnold

By: _____

Supervisor Dist. # 3

Title _____

By: Emery C. Arnold

(Signature)

Title Geologist

Send Communications regarding well to:

Name Val R. Reese & Associates, Inc.

120 South Commercial

Address Farmington, New Mexico



