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TRANSPORTER	OIL GAS
PRORATION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

(Form C-104)
Revised 7/1/57

Santa Fe, New Mexico

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, N.M.

2-22-61

(Place)

(Date)

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

International Oil Corp.

Fogelson

Well No. 1-9

SE 1/4

NW 1/4

(Company or Operator)

(Lease)

F

Sec. 9

T. 29N

R. 11W

NMPM.

Basin

Pool

Unit Letter

San Juan

County. Date Spudded 1-11-61

Date Drilling Completed 1-30-61

6691

PBTD

6632

Please indicate location:

Elevation 5696

Total Depth 6691

Top Oil/Gas Pay 6354

Name of Prod. Form. Dakota

PRODUCING INTERVAL -

Perforations 6354-60, 6366-80, 6430-76, 6508-20, 6524-32

Open Hole None

Depth

6689

Depth

6456

OIL WELL 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 _____

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

Test After Acid or Fracture Treatment: 2635 MCF/Day; Hours flowed w hrs

Choke Size 3/4 Method of Testing: one point back press

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 97,500 # sd 102,822 gal water

Casing Press. 2070 Tubing Press. 2084 Date 2-17-61

Oil Transporter _____

Gas Transporter _____

(FOOTAGE)
Tubing, Casing and Cementing Record

Size Feet Sax

8-5/8	269	175
5 1/2	6689	250
1 1/4	6456	

Remarks: CAOF 3838 MCF

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

Approved: _____, 19 _____

International Oil Corp.

(Company or Operator)

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title Supervisor Dist. # 3

Original signed by T. A. Dugan

(Signature)

By: Engineer

Title _____ Send Communications regarding well to:

Name _____

Address _____

NAME		
UNIT		
POSITION		
INSTRUCTIONS		
SPECIAL		
FILE		
U.S. NO.		
LOAD OFF		
TRANSMITTER	ON	
PROBATION OFFICE		
OPERATOR		