

REQUEST FOR ~~WELL~~ - (GAS) ALLOWABLE

New Well
~~XXXXXXXXXX~~

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.

Farmington, New Mexico
(Place)

8/1/62
(Date)

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

Southwest Production Co. Rhoda Abrams, Well No. 1, in SE $\frac{1}{4}$ SE $\frac{1}{4}$,
(Company or Operator) (Lease)

P Sec. 5 T. 30 N R. 11 W, NMPM, Basin Dakota Pool
Unit Letter

San Juan

County. Date Spudded 6/21/62 Date Drilling Completed 7/9/62

Please indicate location:

Elevation 5784' G.L. Total Depth 6836' PBTD 6801'

Top Oil/Gas Pay 6614' Name of Prod. Form. Dakota

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

PRODUCING INTERVAL -

Perforations 6614-22 w/4SPF; 6690-6714 w/3SPF; 6766-74 w/4JPF

Open Hole _____ Depth _____ Depth 6732' KB
Casing Shoe _____ Tubing

OIL WELL TEST -

Natural Prod. Test: _____ bbls.oil, _____ bbls water in _____ hrs, _____ min. Choke 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. Choke Size _____

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>320' KB</u>	<u>165</u>
<u>4 1/2"</u>	<u>6835' KB</u>	<u>650</u>
<u>1 1/2"</u>	<u>6732' KB</u>	

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

Test After Acid or Fracture Treatment: 1,812 MCF/Day; Hours flowed 3

Choke Size 3/4" Method of Testing: Choke

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 48,400# sand and 63,040 gals. gelled wtr.

Casing 1074# Tubing _____ Date first new _____
Press. 140# Press. 140# oil run to tanks _____

Oil Transporter _____

Gas Transporter El Paso Natural Gas Company

Remarks: _____

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

Approved AUG 2 1962, 19____

Southwest Production Company
(Company or Operator)

OIL CONSERVATION COMMISSION

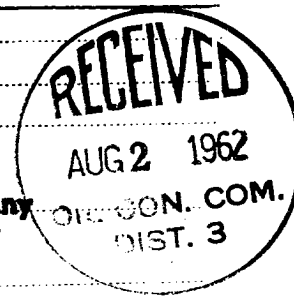
By: Original Signed by W. B. Smith
DEPUTY OIL & GAS INSPECTOR DIST. NO. 3
Title _____

By: _____
(Signature)

Title Superintendent
Send Communications regarding well to:

Name Southwest Production Company

Address 207 Petr. Club Plaza, Farmington, N.M.



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OIL CONSERVATION COMMISSION		
AZTEC DISTRICT OFFICE		
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