

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 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 Jan. 8, 1958
(Place) (Date)

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

Colo. Western Expl., Inc. Gov't-Lea, Well No. 1-30, in NE 1/4 SW 1/4,

(Company or Operator) K, Sec. 30, T. 31N, R. 12W, NMPM, Blanco (NV) Pool

Unit Letter
San Juan

County Date Spudded 11/13/57 Date Drilling Completed 12/8/57

Please indicate location:

Elevation 5919 KB Total Depth 6778' PBTD 4980'

Top Oil/Gas Pay 4547' Name of Prod. Form. Mesa Verde Point Look-out

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

PRODUCING INTERVALS 4577-4637 4693-4699 4715-4739 4832-4844
Perforations 4674-4681 4749-4779 4800-4806 4859-4884

Open Hole None Depth Casing Shoe 4999 Depth Tubing 4412

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 Choke load oil used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
10 3/4	173	150
7"	4999	150 w/ 6% gel
2" EUE	4412	---

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

Test After Acid or Fracture Treatment: _____ MCF/Day; Hours flowed _____
Choke Size _____ Method of Testing: _____
No test available, well still cleaning up water.

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 120,000 gal. water 120,000# sand Two Stages

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

Oil Transporter To be negotiated

Gas Transporter Southern Union Gas Company

Remarks: Potential test will be submitted as soon as well cleans up sufficiently to test.

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

Approved: JAN 9 1958, 19_____

Colo. Western Expl., Inc. (Company or Operator)

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

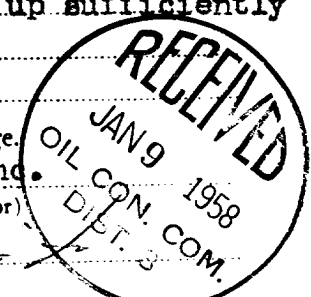
Title Supervisor Dist. # 3

By: C. P. Carrin (Signature)
Area Superintendent

Title Send Communications regarding well to:

Name Colo. Western Expl., Inc.

Address 312 U.S. Nat'l Bank Bldg. Denver, Colorado.



WILDLIFE CONSERVATION COMMISSION

SAZTEC DISTRICT OFFICE

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