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# NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico REQUEST FOR (OIL) - (GAS) ALLOWABLE

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

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.

Denver, Colorado

September 22, 1961

(Place)

(Date)

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

**Consolidated Oil & Gas, Inc.**

(Company or Operator)

Well No. **1-27**

in **SE**

**1/4**

**SE**

**1/4**

**J**

Sec. **27**

T. **31N**

(Lease)

R. **13W**

NMPM, **Basin Dakota**

Unit Letter

**San Juan**

Pool

Please indicate location:

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

**1760' F/SL & 2310' F/EL**

(FOOTAGE)

Tubing, Casing and Cementing Record

Size Feet Sx

10 3/4"	185'	150
5 1/2"	6450'	297
1 1/2"	6249'	Tubing

County. Date Spudded **August 9, 1961**

Date Drilling Completed **Sept. 2, 1961**

Elevation **5609' KB**

Total Depth **6450'**

PBTD **6392'**

Top Oil/Gas Pay **6296'**

Name of Prod. Form. **Dakota**

PRODUCING INTERVAL -

Perforations **6296' - 6382' (selectively)**

Open Hole

Depth

Depth

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

GAS WELL TEST -

Natural Prod. Test: **0** MCF/Day; Hours flowed \_\_\_\_\_ Choke Size \_\_\_\_\_

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

Test After Acid or Fracture Treatment: **2600** MCF/Day; Hours flowed **3**

Choke Size **3/4"** Method of Testing: **Initial Potential Test**

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **140,000# sand, 134,400 gal. slicked water, 750 gal. acid**

Casing Press. **2047** Tubing Press. **2043** Date first new oil run to tanks **not**

Oil Transporter **Fouts & Bureau 25%, Plateau, Inc. 75%**

Gas Transporter **Southern Union Gas Co.**

Remarks: **Waiting for connection.**

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

Approved **SEP 25 1961**

19.

**Consolidated Oil & Gas, Inc.**

(Company or Operator)

By: \_\_\_\_\_

(Signature)

OIL CONSERVATION COMMISSION

By: **Original Signed Emery C. Arnold**

Title **Supervisor Dist. # 3**

Title **Chief Engineer**

Send Communications regarding well to:

Name **J. B. Ladd**

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