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LAND OFFICE	
TRANSPORTER	OIL
	GAS
PRODUCTION 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 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.

Denver, Colorado

September 6, 1961

(Place)

(Date)

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

Consolidated Oil & Gas, Inc. Price _____, Well No. **1-15**, in **SE** $\frac{1}{4}$ **SW** $\frac{1}{4}$,
(Company or Operator) (Lease)

N Unit Letter, Sec. **15**, T. **31N**, R. **13W**, NMPM., **Blanco Mesa Verde** Pool

San Juan

County

Date Spudded **7-9-61**

Date Drilling Completed **7-29-61**

Please indicate location:

Elevation **5735' KB** Total Depth **6675'** PBD **6645'**

Top Oil/Gas Pay **4347'** Name of Prod. Form. **Mesa Verde**

PRODUCING INTERVAL -

Perforations **4347' - 4420' (selectively)**

Open Hole **15"** Depth **6674'** Depth **4277'**
Casing Shoe Tubing

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: **50** MCF/Day; Hours flowed **7**

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): **125,000# sand, 140,000 gal. water**

Casing Press. **500** Tubing Press. **500** Date first new oil run to tanks **not**

Oil Transporter **Foutz & Bursum 25%, Plateau, Inc. 75%**

Gas Transporter **Southern Union Gas Company**

Remarks: **Waiting for connection. Dual completion with Basin Dakota.**

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

Approved _____, 19____

Consolidated Oil & Gas, Inc.
(Company or Operator)

OIL CONSERVATION COMMISSION

(Original Signed Emery C. Arnold)

By: _____

Supervisor Dist. # **3**

Title _____

By: _____
(Signature)

Title **Chief Engineer**

Send Communications regarding well to:

Name **J. B. Ladd**

