

NEW MEXICO OIL CONSERVATION COMMISSION
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 oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Dallas, Texas
(Place)March 11, 1954
(Date)

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

Congress Oil Company
(Company or Operator)Congress
(Lease)

Well No. 2, in NE 1/4 SE 1/4,

J
(Unit)

34

T. 29N

R. 1E

Fulcher-Butte

Pool

San Juan

County. Date Spudded 12/2/50

Date Completed 1/31/51 12/30/50

Please indicate location:

		34	

Elevation 5650 Total Depth 1732, P.B.

Top oil/gas pay 1725 Top of Prod. Form 1725 1732

Casing Perforations: or

Depth to Casing shoe of Prod. String 1714

Natural Prod. Test BOPD

based on bbls. Oil in Hrs Mins.

Test after acid or shot BOPD

Based on bbls. Oil in Hrs Mins.

Gas Well Potential 100 MCFD

Size choke in inches 11 1/2 inch line

Date first oil run to tanks or gas to Transmission system 12/ /50

Transporter taking Oil or Gas: Southern Union Gas Company

Remarks:

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

Approved: APR 10 1954, 19

CONGRESS OIL COMPANY

(Company or Operator) Signed By

OIL CONSERVATION COMMISSION

Original signed by

By: John A. Wiederkehr

By: A. M. WIEDERKEHR

A. M. Wiederkehr (Signature)

Title: Engineer

Send Communications regarding well to:

Title: PETROLEUM ENGINEER NO. 3

Name: Congress Oil Company

Address: Burt Bldg., Dallas 1, Texas

OIL CONSERVATION COMMISSION	
AZTEC DISTRICT OFFICE	
No. Copies Received	4
DATE RECEIVED	
NAME	
ADDRESS	
CITY	
STATE	
ZIP	
TELEPHONE	
DATE	
FILE	✓