

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 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.

Albuquerque, New Mexico September 6, '61
(Place) (Date)

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

Val R. Reese & Assoc., Inc. **Betty B.**, Well No. **1-15**, in **NE** $\frac{1}{4}$ **NW** $\frac{1}{4}$,
(Company or Operator) (Lease)
C, Sec. **15**, T. **23N**, R. **7W**, NMPM, **Undesignated** Pool

Unit Letter
Rio Arriba

Please indicate location:

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

585 fwl & 2275 fwl

Tubing, Casing and Cementing Record

Size	Feet	Sax
8-5/8	194	130
4-1/2	5888	150
2-3/8	5874	tbq.

County. Date Spudded **8-14-61** Date Drilling Completed **8-23-61**
Elevation **7274** Total Depth **5900** PBD **5872**
Top Oil/Gas Pay **5564** Name of Prod. Form. **Gallup**

PRODUCING INTERVAL -

Perforations **5564-78, 5656-60, 5678-94, 5740-50, 5770-78, 5792-5810**
Open Hole --- Depth --- Casing Shoe **5899** Depth --- Tubing **5884**

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): **90** bbls. oil, **22** bbls water in **24** hrs, **0** min. Choke Size **1/2**

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: _____ MCF/Day; Hours flowed _____
Choke Size _____ Method of Testing: _____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **SWF w/80,000# & 63,000 gals.**

Casing Press. **250** Tubing Press. **100** Date first new oil run to tanks **Sept. 2, 1961**

Oil Transporter **M & H Trucking**

Gas Transporter **Southern Union Gas Co.**

Remarks: _____

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

Approved: SEP 7 1961, 19____

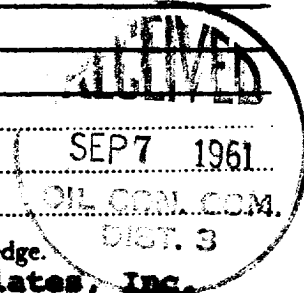
OIL CONSERVATION COMMISSION

By: Original Signed Emory C. Arnold
Title: Supervisor Dist. # 3

Val R. Reese & Associates, Inc.

Original Signed (Company or Operator)
By: **MORRIS B. JONES** **Morris B. Jones**
(Signature)

Title: **Engineer**
Send Communications regarding well to:
Name: **Val R. Reese & Associates, Inc.**
Lobby of Sims Building
Address: **Albuquerque, New Mexico**



STATE OF MONTANA		
ELECTRICITY UTILITIES COMMISSION		
PUBLIC UTILITIES OFFICE		
ELECTRIC UTILITY IS REQUESTING		
FOR THE FOLLOWING:		
5.01A PER	1	
PER	1	
PER		
PER		
TRANSFORMER	OIL	
	600	
PER	1	
OPERATION	2	