

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.

Albuquerque, New Mexico 1-11-60
(Place) (Date)

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

Mountain States Petroleum Corp, Federal Well No. 30 H-1, in NW $\frac{1}{4}$ SE $\frac{1}{4}$,
(Company or Operator) (Lease)

L Sec. 30, T. 25N, R. 1W, NMPM, Gavilan Pictured Cliffs Pool
Unit Letter

Rio Arriba

Please indicate location:

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

County. Date Spudded 11-18-59 Date Drilling Completed 11-28-59

Elevation 7406 KB Total Depth 3632 FBTD 3596

Top Oil/Gas Pay 3565 Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

Perforations 3573-3594

Open Hole none Depth 3618 Depth 3596
Casing Shoe Tubing

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

GAS WELL TEST -

Natural Prod. Test: none MCF/Day; Hours flowed _____ Choke Size _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
8 5/8	70	75
4 1/2	3618	125

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

Test After Acid or Fracture Treatment: 5070 MCF/Day; Hours flowed 3

Choke Size _____ Method of Testing: Pitot through 4 1/2" casing

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and

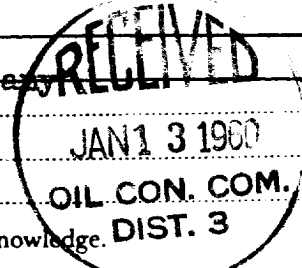
sand): 40,000# sand and 40,000 gallons of water

Casing _____ Tubing _____ Date first new _____
Press. 940 Press. _____ oil run to tanks _____

Oil Transporter _____

Gas Transporter El Paso Natural Gas Company

Remarks: _____



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

Approved January 11 JAN 13 1960, 1960

Mountain States Pet. Corp.
(Company or Operator)

OIL CONSERVATION COMMISSION

By: F. J. Ray
(Signature)

Original Signed Emery C. Arnold

Title Vice-President

By: _____

Send Communications regarding well to:

Title Supervisor Dist. #3

Name F. J. Ray

Address 936 Cardenas SE, Albuquerque, N M

DISSEMINATION COMMISSION		
OFFICE OF THE DIRECTOR		
DATE	4	
TO		
FROM	1	
SUBJECT	1	
REFERENCE	1	
REMARKS		
APPROVED		
SIGNATURE	1	✓