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 (Place) **November 25, 1959** (Date)

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

Kay Kimball (Company or Operator) **Warren Federal** (Lease), Well No. **2-35**, in **SW** ¼ **SE** ¼,

O Unit Letter, Sec. **35**, T. **25 N**, R. **6 W**, NMPM., **Undesignated Dakota** Pool

Rio Arriba County. Date Spudded **10-16-59** Date Drilling Completed **11-5-59**

Please indicate location:

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

Elevation **6685 DF** Total Depth **7030** PBTD **7030**

Top Oil/Gas Pay **6870** Name of Prod. Form. **Dakota**

PRODUCING INTERVAL —

Perforations **6870-6880, 6905-6920, 6930-6940, 6996-7000** (Depth) (Depth)

Open Hole _____ Casing Shoe **7030** Tubing **6985**

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: _____ MCF/Day; Hours flowed _____ Choke Size _____

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

Test After Acid or Fracture Treatment: **6237 IP** MCF/Day; Hours flowed **3**
874# AOF

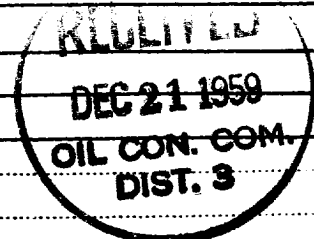Choke Size **3/4** Method of Testing: **Multi-point back pressure after 72 hrs**

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **36,000# sand, 1560 bbls. water**

Casing Press. **2176** Tubing Press. **2110** Date first new oil run to tanks _____

Oil Transporter _____

Gas Transporter **El Paso Natural Gas Co.**

Tubing, Casing and Cementing Record

Size	Feet	Sax
10 3/4	370	225
5½	7030	550
2 3/8	6985	

Remarks: _____

REQUIRED DEC 21 1959 OIL CON. COM. DIST. 3

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

Approved **DEC 21 1959**, 19 _____

OIL CONSERVATION COMMISSION

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

Title **Supervisor List # 3**

By: **Kay Kimball** (Company or Operator)

By: *[signature]* Ben Donegan (Signature)

Title **Geologist**

Send Communications regarding well to:

Name **Ben Donegan, 711½ Central SE**

Address **Albuquerque, New Mexico**