

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

REQUEST FOR ~~WELL~~ - (GAS) ALLOWABLE

New Well
~~2-2000-10~~

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.

FARMINGTON, NEW MEXICO 12/22/61
(Place) (Date)

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

SOUTHERN UNION PRODUCTION COMPANY JICARILLA, Well No. 5-B, in NW 1/4 NW 1/4,
(Company or Operator) (Lease)

D, Sec. 26, T. 26-N, R. 4-W, NMPM, UNDESIGNATED PICTURED CLIFF Pool
Unit Letter

RIO ARRIBA

County Date Spudded 8/30/61 Date Drilling Completed 11/4/61
Elevation 6886 GL Total Depth 8020 PBD 8006

Please indicate location:

D	C	B	A
o			
E	F	G	H
	26		
L	K	J	I
M	N	O	P

Top ~~xxx~~ Gas Pay 3510 Name of Prod. Form. Pictured Cliff

PRODUCING INTERVAL -

Perforations 3510 - 3510
Open Hole NONE Depth Casing Shoe 5990 KB Depth Tubing 3139.88 RKB

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: TSTM MCF/Day; Hours flowed 0 Choke Size 0

Tubing, Casing and Cementing Record

Size	Feet	Size
10 3/4	297 KB	275
7 5/8	5990 KB	600 cu. ft.
5 1/2	801 KB 5873	350 cu. ft.
2 3/8	7560 KB	Dakota
1 1/2	3440 KB	P. C.

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

Test After Acid or Fracture Treatment: 1002 MCF/Day; Hours flowed 3

Choke Size 3/4" Method of Testing: Single Point Back Pressure test.

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): Sand water w/50,000# 20-40 & 40,000 Gal. Water

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

Oil Transporter _____

Gas Transporter SOUTHERN UNION GAS COMPANY

Remarks: DUAL COMPLETION- UNDESIGNATED PICTURED CLIFF AND DAKOTA FORMATION.
(REQUEST FOR PICTURED CLIFF GAS ALLOWABLE)

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

Approved: DEC 22 1961, 19

SOUTHERN UNION PRODUCTION COMPANY

(Company or Operator)

Original Signed By

By: L. S. MUENNINK (Signature)

OIL CONSERVATION COMMISSION
Original Signed By A. R. KENDRICK

By: _____

Title: PRODUCTION SUPT. OIL CO.
Send Communications regarding well to: _____

Title: _____

Name: L. S. MUENNINK

Address: P.O. BOX 808 - Farmington, N. Mexico