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NEW MEXICO OIL CONSERVATION COMMISSION
 Santa Fe, New Mexico
REQUEST FOR (GAS) ALLOWABLE

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

SWP-119

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.

Farmington, New Mexico 9/6/62
 (Place) (Date)

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

Southwest Production Co. Dearthit Pad. Well No. 4 in NW $\frac{1}{4}$ SW $\frac{1}{4}$,
 (Company or Operator) (Lease)
L Sec 35 T 27 N R 11 W NMPM, Basin Dakota Pool
 Unit Letter
San Juan County. Date Spudded 7/27/62 Date Drilling Completed 8/9/62

Please indicate location:

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

1850/E, 790/W

(FOOTAGE)

Tubing, Casing and Cementing Record

| Size | Feet | Sax |
|---------|--------|-----|
| 10 3/4" | 204' | 150 |
| 4 1/2" | 66650' | 450 |
| 1 1/2" | 6340' | |

Elevation 6385.4' GL Total Depth 6648 PBD CO 6629
 Top Oil/Gas Pay 6438 Name of Prod. Form. Dakota

PRODUCING INTERVAL -

Perforations 6438-42; 6481-85; 6497-6501; 6534-44 w/4JPF

Open Hole _____ Depth _____ Casing Shoe _____ Tubing 6540'

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: 2,300 MCF/Day; Hours flowed 3 hrs.

Choke Size 3/4" Method of Testing: Choke

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 500 gals. acid, 70,000 gal. water, 75,300 gals. gelled wtr.

Casing Press. 757# Tubing Press. 185# Date first new 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 SEP 7 1962, 19____

OIL CONSERVATION COMMISSION

By: Original Signed by W. B. Smith

Title DEPUTY OIL & GAS INSPECTOR DIST. NO. 3

Southwest Production Company

(Company or Operator)

Original signed by Carl W. Smith

By: _____ (Signature)

Title Superintendent

Send Communications regarding well to:

Name Southwest Production Company

Address 207 Petr. Club Plaza, Farmington, N.M.

