NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR ([redacted]) - (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.

Hobbs, New Mexico (Place) March 31, 1960 (Date)

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

SOUTHWEST PRODUCTION COMPANY (Company or Operator) Callow Federal (Lease), Well No. 1, in NE ¼ SE ¼,

I (Unit Letter), Sec. 33, T. 29N, R. 13W, NMPM., Undesignated Dakota Gas Pool

San Juan County. Date Spudded 8/29/59 Date Drilling Completed 11/13/59

Elevation 5500 GL Total Depth 6070' PBTD 6068.46'

Top Oil/Gas Pay 5810' Name of Prod. Form. Dakota

PRODUCING INTERVAL -

Perforations 5810-46; 5900-26; 5934-43

Open Hole _____ Depth Casing Shoe _____ Depth Tubing 5116'

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.): 1 pt

Test After Acid or Fracture Treatment: 5331 mcf absolute open flow MCF/Day; Hours flowed _____

Choke Size 3/4" Method of Testing: _____

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I ✱
M	N	O	P

1841' fr S & 790' fr E

Tubing, Casing and Cementing Record

Size	Feet	Sax
10-3/4"	302'	300 sx
7"	6069'	2 stage
2-3/8"	5118'	

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): A/1500 gal 15% HCA 70,000 gal H2O 70,000# 20/40 sand

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

Oil Transporter _____

Gas Transporter _____

RECEIVED APR 4 1960 OIL CON. C DIST. 3

Remarks: * Max press 3100# Min 1900# Inj rate 56.5 bpm
This well has DC order 908 - This form filed for Dakota gas zone only

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

Approved APR 4 1960, 19

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title Supervisor Dist. # 3

SOUTHWEST PRODUCTION COMPANY
(Company or Operator)

By: Agent
(Signature)

Title _____

Send Communications regarding well to:

Name c/o Oil Reports Box 763 Hobbs, N.M.

Address _____

OIL CONSERVATION COMMISSION

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