

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.

Farmington, New Mexico January 30, 1962
(Place) (Date)

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

Southern Union Production Company Reid Well No. 2-b in. SW 1/4 NE 1/4,
(Company or Operator) (Lease)
G Sec. 31 T. 29N R. 10W NMPM basin Dakota Pool
Unit Letter

San Juan

County. San Juan Date Spudded 12/6/61 Date Drilling Completed 1/10/62
Elevation 5584 Total Depth 6445 PBTD 6419

Please indicate location:

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

Top ~~Oil~~/Gas Pay 6168 Name of Prod. Form. Dakota

PRODUCING INTERVAL - 6340-6346, 6244-6292, 6168-6172
6312-6324, 6184-6190

Perforations _____
Open Hole _____ Depth _____ Depth _____
Casing Shoe 6444 KB Tubing 6316 KB

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

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

Test After Acid or Fracture Treatment: 4-4342 MCF/Day; Hours flowed 3

Choke Size 3/4" Method of Testing: Multi point back pressure test C-122
CAOP-5012 MCFD

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): Sand water frac w/70,000# 20-40 sand & 71,568 Gal. water
Casing 2046 Tubing _____ Date first new _____
Press. 2046 Press. 2046 oil run to tanks _____

Oil Transporter New Mexico Tankers, Inc.

Gas Transporter Southern Union Gas Company

Remarks: _____

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

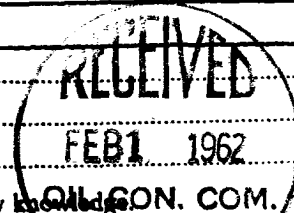
Approved: Jan 1 1962 Southern Union Production Company
(Company or Operator)

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold Title: Production Superintendent
Send Communications regarding well to:

Title Supervisor Dist. # 3 Name: L. S. Muennink

Address: P. O. Box 808, Farmington, New Mexico



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