

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.

Denver, Colorado

August 9, 1957

(Place)

(Date)

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

COLORADO WESTERN EXPLORATION, INC. GOVT. STARR, Well No. **1-13**, in **SE** $\frac{1}{4}$ **SW** $\frac{1}{4}$,
(Company or Operator) (Lease)

N **13** **T 31N** **R 13W**, NMPM, **BLANCO MV** Pool
Unit Letter
San Juan

Please indicate location:

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

County. Date Spudded **6-17-57** Date Drilling Completed **7-13-57**
Elevation **5796' KB** Total Depth **6716'** PBD **4742'**

Top Oil/Gas Pay **4447'** Name of Prod. Form. **Point Lookout**

PRODUCING INTERVAL -

Perforations **4447'-79'; 4492'-4548'; 4584'-4637'; 4692'-4714'**

Open Hole **-** Depth **-** Casing Shoe **4829'** Depth **-** Tubing **4436'**

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 - **will report later.**

Natural Prod. Test: **-** MCF/Day; Hours flowed **-** Choke Size **-**

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

Test After Acid or Fracture Treatment: **-** MCF/Day; Hours flowed **-**

Choke Size **-** Method of Testing: **-**

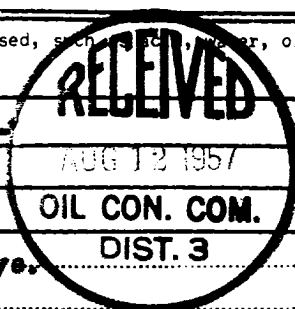
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **150,000# (20-40 mesh) sand.**

Casing **1400** Tubing **-** Date first new Press. **-** oil run to tanks

Oil Transporter **To be determined**

Gas Transporter **Southern Union Gas Co.**

Remarks: **State Potential Test will be run and reported within 30 days.**



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

Approved **AUG 12 1957**, 19**-**

COLORADO WESTERN EXPLORATION, INC.
(Company or Operator)

OIL CONSERVATION COMMISSION

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

Supervisor Dist. # **3**

Title **-**

By: **Harry A. Trueblood, Jr.**
(Signature)

Title **President**

Send Communications regarding well to:

Name **Above**

Address **312 N 1st St. Bldg.**

OIL CONSERVATION COMMISSION

AZTEC DISTRICT OFFICE

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