

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 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.

Albuquerque, New Mexico **Jan. 11, 1960**
(Place) (Date)

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

Val R. Reese & Assoc., Inc. **VanDunburgh**, Well No. **1-11**, in **SW** $\frac{1}{4}$ **SW** $\frac{1}{4}$,

(Company or Operator)

M **11**, Sec. **11**, T. **33N**, R. **7W**, NMPM., **Wildcat** Pool

Unit Letter

Rio Arriba

County. Date Spudded **12-12-59** Date Drilling Completed **12-28-59**
Elevation **7108 GL** Total Depth **5775'** FBTD **5743'**

Please indicate location:

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

Top Oil/Gas Pay **5412'** Name of Prod. Form. **Gallup**

PRODUCING INTERVAL -

Perforations **5412-5425'; 5446-60'; 5464-72'; 5480-5500'; 5558-5728'**
Open Hole **None** Depth **5775'** Depth **5625'**
Casing Shoe Tubing

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____ Choke
Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke
load oil used): **156** bbls. oil, **84** bbls water in **24** hrs, **0** min. Size **Swabbing**

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
8-5/8	215.68	110
8-1/2	5793.68	175
3-3/8	5625	

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

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

Choke Size _____ Method of Testing: _____

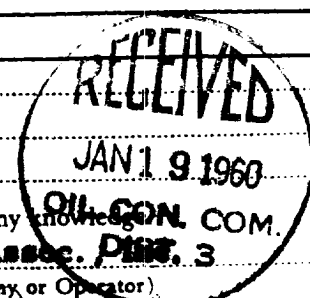
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **900 gal. acid, 133,610 gal. water, 155,000# sand, 225 RB.**

Casing _____ Tubing _____ Date first new _____
Press. **--** Press. **--** oil run to tanks **January 8, 1960**

Oil Transporter **McWood Corporation**

Gas Transporter _____

Remarks: **Water recovered is from fracture treatment.**



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

Approved: **JAN 19 1960**, 19____

Val R. Reese & Assoc. Dist. 3

(Company or Operator)

By: *John S. Jacobs*
(Signature)

Title: **Geologist**

Send Communications regarding well to:

Name: **Val R. Reese & Assoc., Inc.**

Address: **Lobby of Simms Bldg.**

Albuquerque, N. Mex.

OIL CONSERVATION COMMISSION

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

Title: **Supervisor Dist. # 3**

U.S. CONSERVATION COMMISSION
 AZTEC DISTRICT OFFICE

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