

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.

Farmington, New Mexico

October 20, 1960

(Place)

(Date)

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

Compass Exploration Inc.

Federal

Well No. 1-7, in SE $\frac{1}{4}$ SE $\frac{1}{4}$,

(Company or Operator)

(Lease)

P

Sec. 7

T. 24N

R. 7W

NMPM.

Undesignated

Pool

Unit Letter

Rio Arriba

County. Date Spudded

Date Drilling Completed

6-23-60

Please indicate location:

Elevation 7344

Total Depth

7331

PBTD

7295

Top Oil/Gas Pay

7186

Name of Prod. Form.

Dakota

PRODUCING INTERVAL -

Perforations 7186-94, 7204, 10, 7238-66

Open Hole

None

Depth

7330

Depth

7249

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: 2248 MCF/Day; Hours flowed 3

Choke Size 3/4" Method of Testing: one point back pressure

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 54,768 gal gal water 50,000# sd 75 balls

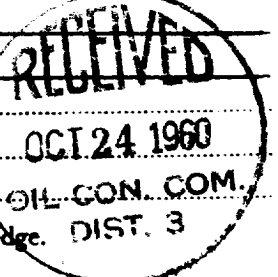
Casing Press. 2120 Tubing Press. 2115 Date XXXXXXXXXX test 7-6-60

Oil Transporter _____

Gas Transporter _____

Remarks:

CAOP - 2485



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

Approved 10-20 OCT. 24 1960, 1960

Compass Exploration

(Company or Operator)

OIL CONSERVATION COMMISSION

By

[Signature]
(Signature)

By: Original Signed Emery C. Arnold

Title Consulting Engineer

Send Communications regarding well to:

Title Supervisor Dist. #3

Name Compass Exploration, Inc.

1645 Court Place

Address Denver, Colorado

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OIL CONSERVATION COMMISSION		
ALBUQUERQUE DISTRICT OFFICE		
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