

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR ~~(OIL)~~ - (GAS) ALLOWABLE

New Well
~~XXXXXXXXXX~~

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.

AZTEC, NEW MEXICO SEPT. 16, 1959
(Place) (Date)

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

CLARK & CORDEN FEDERAL 11 - 2 Well No. 2 in SW $\frac{1}{4}$ SE $\frac{1}{4}$,
(Company or Operator) (Lease)
Q Sec. 11 T. 25 R. 3 NMPM. TAPACITO PC Pool

RIO ARRIBA County. Date Spudded 8/5/59 Date Drilling Completed 8/22/59
Please indicate location: Elevation 7455 Total Depth 4000 FBTD

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O # 2	P

Top Oil/Gas Pay _____ Name of Prod. Form. PICTURED CLIFF

PRODUCING INTERVAL -

Perforations 3936 - 3968 Depth _____
Open Hole NONE Casing Shoe 3988 Tubing 3900

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 Choke load oil used): _____ bbls. oil, _____ bbls. water in _____ hrs. _____ min. 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: 3,732 MCF/Day; Hours flowed 3

Choke Size 3/4 Method of Testing: DEAD WEIGHT

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and

sand): 40,000 LBS. SAND WITH 41,709 GALS. WATER

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

Oil Transporter _____

Gas Transporter EL PASO NATURAL GAS Co.

Remarks: _____

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

Approved _____, 19 _____ CLARK & CORDEN
(Company or Operator)

OIL CONSERVATION COMMISSION

Original Signed By: G. A. ...

By: _____ Title: AGENT

Supervisor Dist. # 3 Send Communications regarding well to:

Title _____

Name B. H. KEYES

Address Box 842 AZTEC, NEW MEXICO

SOIL CONSERVATION COMMISSION
AZTEC DISTRICT OFFICE

No. Copies Received **4**

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