

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 February 28, 1961

(Place)

(Date)

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

Mountain States Petroleum Corp. Federal Well No. 32-F-1, in NE $\frac{1}{4}$ SW $\frac{1}{4}$,

(Company or Operator)

(Lease)

K Sec. 32, T. 26N, R. 2W, NMPM, Pinelake Pool

Unit Letter

County. Date Spudded

Date Drilling Completed

Please indicate location:

Elevation 7509 Total Depth 3914 PBDT 3907

Top Oil/Gas Pay 3830 Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

Perforations 3842-52 & 3877-85

Open Hole _____ Depth _____ Casing Shoe 3907 Depth _____ 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. 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: 2500 MCF/Day; Hours flowed 3

Choke Size 3/4" Method of Testing: Pitot tube

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 40,000# sand and 37,000 gals. water.

Casing _____ Tubing _____ Date first new _____
Press. 1010 Press. _____ oil run to tanks _____

Oil Transporter _____

Gas Transporter El Paso Natural Gas Company

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>8 5/8</u>	<u>100</u>	<u>50</u>
<u>4 1/2</u>	<u>3907</u>	<u>125</u>
<u>1 1/4</u>	<u>3870</u>	

Remarks: Waiting on pipelng connections.

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

Approved _____, 19____

Mountain States Petroleum Corporation
(Company or Operator)

OIL CONSERVATION COMMISSION

By: _____
(Signature)

By: Original Signed Emery C. Arnold

Title: Geologist

Send Communications regarding well to:

Title Supervisor Dist. # 3

Name: Mountain States Petroleum Corporation

Address: P. O. Box 1741 Farmington, New Mexico

RECEIVED

FEB 28 1961

OIL CON

DIST

STATE OF TEXAS		
OIL FIELD INVESTIGATION		
GENERAL INVESTIGATION		
FACILITIES AND EQUIPMENT		
FACILITIES AND EQUIPMENT		
CRACKER		
FLUE		
UNIT		
LAND OFFICE		
TRANSPORTER	OIL	
PROMOTION OFFICE	FIELD	
OPERATOR		