

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.

Dallas, Texas

July 27, 1960

(Place)

(Date)

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

Southern Union Gas Company

Jicarilla

Well No. 6-D

in NE

1/4

NW

1/4

(Company or Operator)

(Lease)

C, Sec. 31, T. 26N, R. 9W, NMPM, Tapacito Pictured Cliffs Pool

Unit Letter

Rio Arriba

County. Date Spudded. 6-22-60

Date Drilling Completed 7-11-60

Please indicate location:

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

Elevation 7170 G.L. Total Depth 3869' PBD

Top Oil/Gas Pay 3735' Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

Perforations 3735-3768', and 3790-3802'

Open Hole _____ Depth _____ Casing Shoe 3855' Depth _____ Tubing 3718 K.B.

OIL WELL TEST - None

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 load oil used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____ Choke

GAS WELL TEST -

Natural Prod. Test: Too small to Measure MCF/Day; Hours flowed _____ Choke Size _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>9-5/8</u>	<u>225</u>	<u>110</u>
<u>4-1/2</u>	<u>3865</u>	<u>260</u>
<u>1-1/2</u>	<u>3718 K.B.</u>	

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

Test After Acid or Fracture Treatment: 2,786 MCF/Day; Hours flowed 3

Choke Size 3/4" Method of Testing: Single Point Back Pressure Test
CAOF 12,258 MCF/D

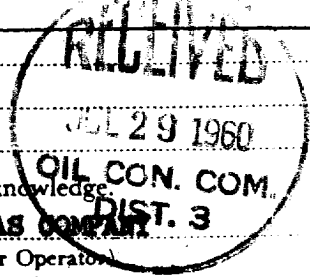
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 100,000# sand, 72,820 gals. water, 120 rubber balls IR-43 BPM

Casing _____ Tubing _____ Date first new _____
Press. 991# Press. 991# oil run to tanks _____

Oil Transporter _____

Gas Transporter Southern Union Gas Company

Remarks:



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

Approved JUL 29 1960, 19____

SOUTHERN UNION GAS COMPANY

Original Signed By _____

By: P. J. CLOTE

Paul J. Clote (Signature)

Title Mgr., Drilling and Production

Send Communications regarding well to:

Name Paul J. Clote

Address 1434 Fidelity Union Tower Building

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Supervisor Dist. # 3

Title _____

STATE OF NEW MEXICO	
OIL CONSERVATION COMMISSION	
AZTEC DISTRICT OFFICE	
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