

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 7-1-60
(Place) (Date)

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

Mountain States Petroleum Corp. Federal, Well No. 31-E, in N $\frac{1}{2}$ X N $\frac{1}{2}$ X,
(Company or Operator) (Lease)

A, Sec. 31, T. 26 N., R. 2 W., NMPM., Pinalake Pictured Cliffs Pool
Unit Letter

Rio Arriba County. Date Spudded 6-6-60 Date Drilling Completed 6-16-60
Please indicate location: Elevation 7521 KB Total Depth 3983 PBTD 3980

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

Top Oil/Gas Pay 3904 Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

Perforations 3909-3929 and 3952-3963

Open Hole 0 Depth 3983 Casing Shoe 3983 Depth 3940 Tubing

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 _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>8 5/8</u>	<u>100</u>	<u>75</u>
<u>4 1/2</u>	<u>3983</u>	<u>75</u>
<u>1 1/2</u>	<u>3940</u>	<u>--</u>

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

Test After Acid or Fracture Treatment: 1100 MCF/Day; Hours flowed 3

Choke Size _____ Method of Testing: flow thru casing; impact pressure

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

sand): 40,000# sand and 40,000 gals water

Casing _____ Tubing _____ Date first new _____

Press. 1033 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 JUL 5 1960, 19____

OIL CONSERVATION COMMISSION

By: Original Signed Emory C. Arnold

Title Supervisor Dist # 3

By: F. J. Ray (Signature)

Title Vice-President

Send Communications regarding well to:

Name Mountain States Petroleum Corp.

Address 504 Airport Dr. Farmington, NM.



STATE OF NEW MEXICO		
OIL CONSERVATION COMMISSION		
ALBUQUERQUE DISTRICT OFFICE		
MINUTE OF ORDER RECEIVED		4
DISTRIBUTION		
SANTA FE	1	1
SAN JUAN	1	1
DOUGLAS		
ALBUQUERQUE		
MIN. ORDER	ONE	
DATE	1	