

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°F. **Durango, Colorado** **December 14, 1964**

Well No. **22-3** (Place) **SW** (Date) **NE**
Wanneco Oil Company REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS **Basin Dakota**

Company or Operator **22** **26 N** (Lease) **5 W** Well No. **22-3** in **Basin Dakota** **1/4** **1/4**,
Sec. **22** T. **26 N** R. **5 W** NMPM, **3-19-63** Pool **4-12-63**
Mc Nab

Please indicate location:

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

County. Date Spudded **6605 GL** Date Drilling Completed **7647**
Elevation **7294** Total Depth **Basin Dakota**

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

PRODUCING INTERVAL **See Below**

Perforations **7274**
Open Hole _____ Depth _____ Depth _____
Casing Shoe _____ Tubing _____

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. 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 _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
8-5/8	519	300
4-1/2	7646	375*
* 2-stage		

Method of Testing (pitot, back pressure, etc.) **AOF** **2995** **3**

Test After Acid or Fracture Treatment: **3/4** **One Point Back Pressure** _____

Choke Size _____ Method of Testing: _____

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

sand):

Casing _____ Tubing _____ Date first new _____
Press. _____ Press. **McWood Corporation**

Oil Transporter **Southern Union Gas Company**

Perf 1 hole each at 7548, 46, 44, 42, 27, 25, 23, 20, 17, 14, 11, 09. Frac 73,100

Remarks: **gallons water, 40,000# sand. Perf 1 hole each at 7429, 27, 25, 23, 21, 7390, 68-1/2, 87, 7303, 01, 7299, 97. Frac with 55,970 gallons water, 60,000# sand.**

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

Approved **DEC 16 1964**, 19____

OIL CONSERVATION COMMISSION

By: **Original Signed Emery C. Arnold**

Title **Supervisor Dist. # 2**

Original Signed (Company or Operator) **J. H. Watkins**
By: **J. H. WATKINS**

(Signature)
District Office Supervisor

Title _____
Send Communications regarding well to:
R. E. Siverson, Tenneco Oil Company

Name **P. O. Box 1714, Durango, Colorado**

Address _____

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