

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.

Box 778, Farmington, New Mexico June 10, 1960
(Place) (Date)

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

Secony Mobil Oil Company, Inc. Jicarilla "D", Well No. 2 UT-PC, in NE $\frac{1}{4}$ NE $\frac{1}{4}$,
(Company or Operator) (Lease)

A, Sec. 14, T. 26N, R. 3W, NMPM., Pine Lake Pictured Cliffs Pool
Unit Letter

Rio Arriba

Please indicate location:

D	G	B 990 A	990'
E	F	G	H
L	K	J	I
M	N	O	P

County. Date Spudded 10/28/56 Date Drilling Completed 11/18/56
Elevation 7174 Total Depth 6025 PBTD 5985

Top Oil/Gas Pay 3657 Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

Perforations 3672 - 3736

Open Hole _____ Depth _____ Depth _____
Casing Shoe _____ Tubing _____

OIL WELL TEST -

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 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: 9020 MCF/Day; Hours flowed 3 Hrs.

Choke Size 3/4" Method of Testing: Back Pressure

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

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

Oil Transporter _____

Gas Transporter El Paso Natural Gas Co.

Remarks: Intermitter installed 5/1/60.

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

Approved: 677 JUN 21, 19 60

Secony Mobil Oil Company, Inc.
(Company or Operator)

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold
Supervisor Dist. 3

Title _____

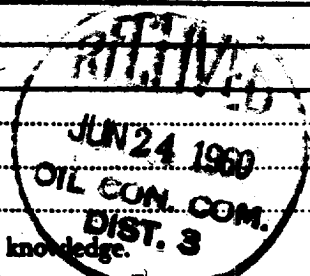
By: Max B. Beazley By M.C. McKinn
(Signature)

Title Prod. Eng.

Send Communications regarding well to:

Name Mobil Oil Company

Address Box 778, Farmington, New Mexico



STATE OF NEW MEXICO		
CONSERVATION COMMISSION		
DISTRICT OFFICE		
OIL REVENUE RECEIVED		4
DISTRICT		
COUNTY		
TAXPAYER		
OIL		
GAS		
TOTAL		