

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 QUADRUPPLICATE 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
(Place)

October 14, 1957
(Date)

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

Southern Union Gas Company (Company or Operator) Newcom (Lease), Well No. 3-B, in NW $\frac{1}{4}$ SW $\frac{1}{4}$,
L (Unit Letter), Sec. 8, T. 26N, R. 8W, NMPM., Dallard Pictured Cliffs Pool
San Juan County. Date Spudded 8-12-57 Date Drilling Completed 9-7-57

Please indicate location:

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

Elevation 6323 Total Depth 2207 PBDT
Top Oil/Gas Pay 2068 Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

Perforations 2068-2164
Open Hole _____ Depth _____ Depth _____
Casing Shoe _____ Tubing 2141

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

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>9-5/8</u>	<u>93.15</u>	<u>80</u>
<u>5-1/2</u>	<u>2215</u>	<u>100</u>
<u>1"</u>	<u>2141</u>	

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

Test After Acid or Fracture Treatment: 1417 MCF/Day; Hours flowed 3
Choke Size 3/4" Method of Testing: Multi Point Back Pressure

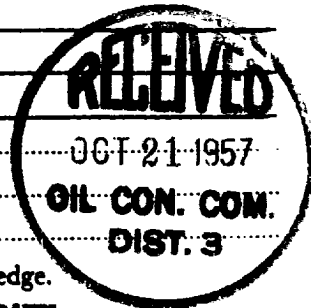
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 84,840 gals. water & 100,000# sand

Casing Press. 649 Tubing Press. 649 Date first new 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: _____, 19____

SOUTHERN UNION GAS COMPANY

Original Sign. (Company or Operator)

By: L. S. MUENNINK
L. S. Muennink (Signature)

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title: Exploration Engineer
Send Communications regarding well to:

Title: Supervisor Dist. # 3

Name: A. N. Wiederkehr

Address: 1001 Bart Bldg., Dallas, Texas

OIL CONSERVATION COMMISSION		
AZTEC DISTRICT OFFICE		
No. Copies Received		7
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Operator	/	
Santa Fe	/	
Proration Office	/	
State Land Office		
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