

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 July 23, 1958
(Place) (Date)

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

Southern Union Gas Co. Navajo Indian, Well No. 1-C, in NW $\frac{1}{4}$ NW $\frac{1}{4}$,
(Company or Operator) (Lease)
D, Sec. 31, T. 27N, R. 8W, NMPM., South Blanco Pictured Cliffs Pool
Unit Letter

San Juan

Please indicate location:

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

County. Date Spudded. Aug. 14, 1957 Date Drilling Completed Aug. 21, 1957

Elevation 6065 DF Total Depth 2102 PBD 1035

Top Gas Pay 1951 Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

Perforations 1951 to 2030 4 shots per ft.

Open Hole None Depth 2102 Casing Shoe 2004 Depth 1973 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 _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>9-5/8"</u>	<u>87.65</u>	<u>80</u>
<u>5 1/2"</u>	<u>2102</u>	<u>100</u>

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

Test After Acid or Fracture Treatment: 298 MCF/Day; Hours flowed _____

Choke Size _____ Method of Testing: Line Deliverability thru Orifice Meter

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 Southern Union Gas Company

Remarks: This form filed for revised allowable since rework on this well
The above deliverability is determined from annual deliverability test
Chart obtained from well during flow test period May 24 to June 1, 1958

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

Approved: _____ JUL 28 1958, 19____

Southern Union Gas Company
(Company or Operator)

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title Supervisor Dist. # 3

By: _____
(Signature)

Title Drilling Superintendent
Send Communications regarding well to:

Name A. M. Wiederkehr

Address 1001 Burt Building, Dallas, Texas

OIL CONSERVATION COMMISSION

AZTEC DISTRICT OFFICE

No. Copies Received 4

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