

5 MOCC
2 Sunset

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
(Place)

2-17-59
(Date)

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

Sunset International Pet. Corp. (Company or Operator) Federal (Lease), Well No. 1 F, in SE $\frac{1}{4}$ NE $\frac{1}{4}$

H Unit Letter, Sec. 16, T. 27N, R. 10W, NMPM, Undesignated Pool

San Juan

Please indicate location:

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

County. San Juan Date Spudded 12-23-58 Date Drilling Completed 1-20-59
Elevation 6072 G.L. Total Depth 6555 FBTD 6530

Top Oil/Gas Pay 6316 Name of Prod. Form. Dakota

PRODUCING INTERVAL -

Perforations 6319 - 6476

Open Hole _____ Depth _____ Casing Shoe 6555 Depth Tubing 6457

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>10-3/4</u>	<u>230</u>	<u>225</u>
<u>5-1/2</u>	<u>6555</u>	<u>50</u>
<u>2" EUE</u>	<u>---</u>	<u>---</u>

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

Test After Acid or Fracture Treatment: 5850 GAOF MCF/Day; Hours flowed 3

Choke Size 3/4 Method of Testing: One Point Back Pressure

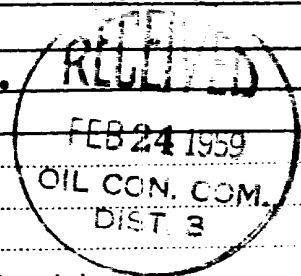
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 81,000# 20-40 sd. @ 1#/gal water

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

Oil Transporter Four States Western Refy. Co.

Gas Transporter Southern Union Gas Co.

Remarks: _____



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

Approved FEB 24 1959, 19 Sunset International Pet. Corp.

Original Signed by (Company or Operator) Thos. F. Popp

By: _____ (Signature)

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title Supervisor Dist. # 3

Title Engineer
Send Communications regarding well to:

Name Sunset International Pet. Corp.

Address Box 1527, Denver, Colo.

OIL CONSERVATION COMMISSION

AZTEC DISTRICT OFFICE

No. Copies Received

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DISTRIBUTION

	NO. FURNISHED	
Operator	2	
Santa Fe	1	
Proration Office	1	
State Land Office		
U. S. G. S.		
Transporter		
File	1	✓