

5 N.M.O.C.C.

2 Sunset International

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 February 26, 1959
(Place) (Date)

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

Sunset International Pet. Corp. Federal, Well No. 1 H, in NW 1/4 SW 1/4,
(Company or Operator) (Lease)

L, Sec. 9, T. 27N, R. 10W, NMPM., Undesignated Pool
Unit Letter

San Juan

County. Date Spudded 1-22-59 Date Drilling Completed 2-7-59
Elevation 6064 KB Total Depth 6550 PBD 6530 KB

Please indicate location:

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

Top Oil/Gas Pay 6312 Name of Prod. Form. Dakota

PRODUCING INTERVAL -

Perforations 6316 - 6499

Open Hole None Depth 6545 KB Depth Casing Shoe 6450 Depth Tubing 6450

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

GAS WELL TEST -

Natural Prod. Test: None MCF/Day; Hours flowed _____ Choke Size _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>10-3/4</u>	<u>243 KB</u>	<u>250</u>
<u>5-1/2</u>	<u>6454 KB</u>	<u>430 cu ft</u>
<u>2" EUE</u>	<u>6450</u>	<u>150 sx</u>
		<u>Prod. Tbg.</u>

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

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

Choke Size _____ Method of Testing: _____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 3 stages, 8,000#, 59,000#, 18,000# 20-40 sd., water

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

Oil Transporter Four States Western Refy. Co.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 MAR 2, 1959, 19 _____

Sunset International Petroleum Corp.
(Company or Operator)

Original Signed by Thos. F. Popp

By: _____ (Signature)

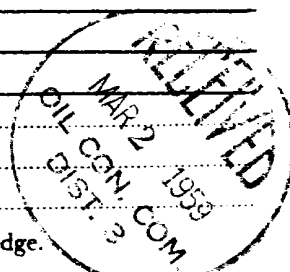
Title Engineer

Send Communications regarding well to:

Name Sunset International Pet. Corp.Box 1527Address Denver, Colorado

OIL CONSERVATION COMMISSION

Original Signed By

By: A. R. KENDRICKTitle PETROLEUM ENGINEER DIST. NO. 3

OIL CONSERVATION COMMISSION		
AZTEC DISTRICT OFFICE		
No. Copies Received <u>5</u>		
DISTRICT OFFICE		
By	DATE	
Amount		
Transporter		
Proportion of Fee		
Cost Less Cost		
U. S. G. D.		
Transporter		
File		✓