

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

REQUEST FOR (GAS) - (GAS) ALLOWABLE

New Well
RECEIVED

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, N. M.

8/23/61

(Place)

(Date)

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

Southwest Production Company **Oneda Federal**, Well No. **1**, in **NE** $\frac{1}{4}$ **SW** $\frac{1}{4}$,
(Company or Operator) (Lease)

K, Sec. **30**, T. **27N**, R. **11W**, NMPM., **Basin Dakota** Pool
Unit Letter

San Juan

Please indicate location:

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

W/320 Acres

Tubing, Casing and Cementing Record

Size	Feet	Sax
10 3/4"	198KB	150
4 1/2"	6355KB	300
1 1/2" tbg.	6288'	

County. Date Spudded **7/21/61** Date Drilling Completed **8/1/61**
Elevation **6143' GL** Total Depth **6355** PBDT **CO 6333**

Top Oil/Gas Pay **6264** Name of Prod. Form. **Dakota**

PRODUCING INTERVAL -

Perforations **6264-84 w/4 SPF & 6291-95 w/4 SPF**
Open Hole _____ Depth _____ Casing Shoe _____ Depth _____
Tubing **6288**

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: **4,613** MCF/Day; Hours flowed **3**

Choke Size **3/4"** Method of Testing: **Choke**

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **50,000# 20-40 ad & 52,080 gals. gelled wtr.**

Casing _____ Tubing _____ Date first new _____
Press. **2045#** Press. **2047#** Oil run to tanks _____

Oil Transporter _____

Gas Transporter **El Paso Natural Gas Company**

Remarks: _____

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

Approved **AUG 25 1961**, 19____

Southwest Production Company **DIST. 3**

(Company or Operator)

Original signed by

By: **Carl W. Smith**

(Signature)

OIL CONSERVATION COMMISSION

Supervisor Dist. # 3

By: _____

Title **Original Signed Emery C. Arnold**

Title **Production Superintendent**

Send Communications regarding well to:

Name **Southwest Production Company**

Address **207 Petr. Club Plaza, Farmington, N. M.**

RECEIVED
AUG 25 1961

STATE OF NEW MEXICO		
OIL CONSERVATION COMMISSION		
COUNTY DISTRICT OFFICE		
NUMBER OF COPIES RECEIVED 6		
DATE RECEIVED		
EXAMINER	1	1
FILE	1	1
WARRANT		
LAND OFFICE		
TRANS-CONT R	OIL	
	GAS	
PRODUCER OFFICE	1	1
OPERATOR	3	1