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TRANSPORTER	OIL
	GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLE

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

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.

Denver, Colorado September 24, 1963
(Place) (Date)

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

Union Texas Petroleum Corp. New Mexico "B", Well No. 1, in NW $\frac{1}{4}$ SW $\frac{1}{4}$,
(Company or Operator) (Lease)
L, Sec. 16, T. 29N, R. 11W, NMPM, Basin Dakota Pool
Unit Letter
San Juan County. Date Spudded 8/2/63 Date Drilling Completed 8/15/63

Please indicate location:

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

Elevation 5594 KM Total Depth 6500 PBTD 6458
Top Oil/Gas Pay 6211 Name of Prod. Form. Dakota
PRODUCING INTERVAL One 3/8" hole each at: 6216, 6221, 6299, 6301,
Perforations 6303, 6307, 6311, 6317, 6326, 6339.
Open Hole _____ Depth _____ Casing Shoe 6498 Depth _____ Tubing 6188

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: No test MCF/Day; Hours flowed _____ Choke Size _____
Method of Testing (pitot, back pressure, etc.): _____
Test After Acid or Fracture Treatment: 4418 MCF/Day; Hours flowed 3
Choke Size 3/4 Method of Testing: Choke nipple

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 _____

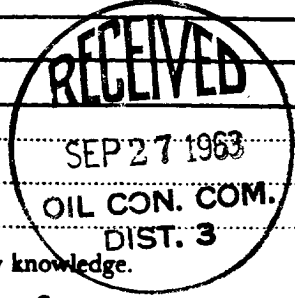
Oil Transporter McWood Corporation

Gas Transporter El Paso Natural Gas Co.

(FOOTAGE)
Tubing, Casing and Cementing Record

Size	Feet	Sax
8-5/8	243	200
4-1/2	6503	250 + 500
2-7/8	6188	Phr at 6188

Remarks: _____



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

Approved SEP 27 1963, 19 Union Texas Petroleum Corp.
(Company or Operator)

OIL CONSERVATION COMMISSION

By: /s/ Charles M. Beard
(Signature)

Title District Superintendent

Send Communications regarding well to:

Name Union Texas Petroleum Corp.

Address Suite B-400, 1740 Broadway

Original Signed Emery C. Arnold

By: _____
Title Supervisor Dist. # 3