

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 May 25, 1962
(Place) (Date)

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

Southern Union Production Company Federal, Well No. 1-31, in SE $\frac{1}{4}$ SW $\frac{1}{4}$,
(Company or Operator) (Lease)

N, Sec. 31, T. 30-N, R. 11-W, NMPM, Basin Dakota Pool
Unit Letter

San Juan County. Date Spudded 3/23/62 Date Drilling Completed 4/30/62

Please indicate location:

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

Elevation 5857 Total Depth 6773 PBD 6726

Top ~~oil~~/Gas Pay 6484 Name of Prod. Form. Dakota

PRODUCING INTERVAL - 6710-6698, 6632-6604
6560-6538, 6484-6502

Perforations _____
Open Hole None Depth _____ Casing Shoe 6762.28 Depth _____
Tubing 6355

OIL WELL TEST -

Natural Prod. Test: 0-0 bbls. oil, 0 ~~222~~ bbls water in 0 hrs, 0 min. Size 0-0 Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke
load oil used): 0-0 bbls. oil, 0-0 bbls water in 0-0 hrs, 0-0 min. Size 0-0

GAS WELL TEST -

Natural Prod. Test: TSTN MCF/Day; Hours flowed 0-0 Choke Size 0-0

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>10-3/4</u>	<u>289</u>	<u>250</u>
	<u>R.K.B.</u>	<u>Sacks</u>
<u>5-1/2</u>	<u>6767</u>	<u>1330</u>
	<u>RKB</u>	<u>Gu. Ft.</u>
<u>1-1/2</u>	<u>3684</u>	<u>H.V.</u>
<u>I.J.</u>		
<u>1-1/2</u>	<u>6355</u>	<u>Dakota</u>
<u>RKB</u>		

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

Test After Acid or Fracture Treatment: 2981 MCF/Day; Hours flowed 3

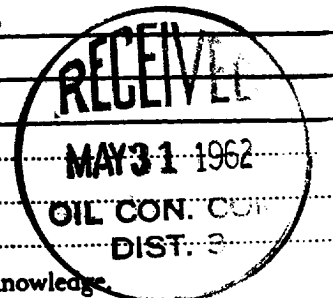
Choke Size 3/4 Method of Testing: Single Point Back Pressure Test 0-122
CACT 3483 MCF/D

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): Sand-Water Free with 68,000# 20-40 sand and 77,180 gal. Water
Casing _____ Tubing _____ Date first new _____
Press. - Press. 1961 oil run to tanks _____

Oil Transporter New Mexico Tankers, Inc.

Gas Transporter Southern Union Gas Company

Remarks: Dual Completion. Basin Dakota and Undersignated.
Monoverde Formations. (Request for Dakota Gas Allowable)



I hereby certify that the information given above is true and complete to the best of my knowledge.
Approved MAY 31 1962, 19____ SOUTHERN UNION PRODUCTION CO.

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title Supervisor Dist. # 3

Original Signed By _____
By: L. S. MUENNINK
(Signature) L. S. Muennink

Title Production Superintendent
Send Communications regarding well to:

Name L. S. Muennink

Address P. O. Box 808, Farmington

STATE OF NEW MEXICO	
OIL CONSERVATION DIVISION	
ALBUQUERQUE OFFICE	
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