

4-NMOCG ✓
1-International
1-Murphy
1-Lloyd
1-File

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

4-24-61

(Place)

(Date)

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

International Oil Corp.

Martin

Well No. _____, in _____ 1/4 _____ 1/4,

(Company or Operator)

(Lease)

0

Sec. 34

T. 30N

R. 11W

NMPM., Basin - Dakota

Pool

Unit Letter

San Juan

County. Date Spudded 3-21-61

Date Drilling Completed 4-13-61

Elevation 5760 G.L.

Total Depth 6770 PBD 6716

Top Oil/Gas Pay 6503

Name of Prod. Form. Dakota

Please indicate location:

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

PRODUCING INTERVAL -

Perforations 6676-70, 6665-59, 6644-36, 6600-6560, 6545-08

Open Hole _____ Depth _____ Casing Shoe 6768 Depth _____ Tubing 6660

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 _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>8-5/8"</u>	<u>235</u>	<u>175</u>
<u>4 1/2"</u>	<u>6778.02</u>	<u>250</u>
<u>2-3/8"</u>	<u>6649.32</u>	

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

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

Choke Size _____ Method of Testing: _____

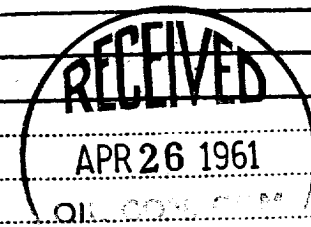
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 90,000# sand, 106,422 wtr., 250 Gal MSA

Casing _____ Tubing _____ Date first new _____
Press. 1987 Press. 1895 oil run to tanks

Oil Transporter _____

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 APR 26 1961, 19____

International Oil Corp.

(Company or Operator)

By: Original signed by T. A. Dugan
(Signature)

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title: Consulting Engineer

Send Communications regarding well to:

Title Supervisor Dist. # 3

Name: T. A. Dugan

Address: 1007 North Dustin, Farmington, N.M.

STATE OF NEW MEXICO	
OIL CONSERVATION COMMISSION	
AZTEC DISTRICT OFFICE	
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