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LAND OFFICE	
TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

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

Santa Fe, New Mexico

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

3/6/63

(Place)

(Date)

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

~~AZTEC OIL AND GAS COMPANY~~

~~MCGRATH~~

C-1

SE

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

By Company or Operator

30N

(12N)

DAKOTA

Pool

, Sec. _____, T. _____, R. _____, NMPM, _____

~~SAN JUAN~~

2/7/63

Date Drilling Completed

2/18/63

County. Date Spudded

5/7/63

6637

F.B.T.D.

6605

Please indicate location:

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

Elevation _____ Total Depth _____

Top Oil/Gas Pay _____ Name of Prod. Form. _____

PRODUCING INTERVAL -

6377-6400, 6462-6481 and 6542-6576

Perforations

-0-

Depth

6637

Depth

6408

Open Hole _____ Casing Shoe _____ Tubing _____

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls. water in _____ hrs, _____ min. 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. Size _____

GAS WELL TEST -

-0-

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

-0-

-0-

(FOOTAGE)

Tubing, Casing and Cementing Record

Size Feet Sax

8 5/8	323	225
4 1/2	6637	925
2 3/8	6408	- - -

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

ACF-1, 577

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

3/4

BACK PRESSURE

3 hrs.

Choke Size _____ Method of Testing: _____

Acid or Fracture Treatment (if material used, such as acid, water, oil, and sand):

Frased w/ 76,950 gals. water, 12,000 lbs. sand, flushed w/ 150 bbls.

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

Oil Transporter

SOUTHERN UNION GAS COMPANY

Gas Transporter

Remarks:

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

Approved: _____

MAR 8 1963

63

AZTEC OIL AND GAS COMPANY

(Company or Operator)

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title Supervisor Dist. # 8

By: _____ (Signature) JOE C. SALMON

DISTRICT SUPERINTENDENT

Title _____ Send Communications regarding well to:

AZTEC OIL AND GAS COMPANY

Name _____ P. O. DRAWER 570-FARMINGTON, N. M.

