

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.

Aztec, New Mexico

12-19-60

(Place)

(Date)

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

Pubco Petroleum Corporation
(Company or Operator)STATE
(Lease)

Well No. 27

in S.E. 1/4 N.W. 1/4

F
Unit Letter

Sec. 36

T. 30 N.

R. 2 W.

NMPM, Aztec P.C.

Pool

San Juan

County. Date Spudded. 11-30-60

Date Drilling Completed 12-6-60

Please indicate location:

Elevation 5665 K.B.

Total Depth 2417

PBD 2390

Top Oil/Gas Pay 2354

Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

Perforations 2354-2380

4 jets/ft.

Open Hole N/A

Depth

Casing Shoe 2417

Depth

Tubing 2377

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 load oil used): bbls. oil, bbls water in hrs, min. Size

Choke

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size Feet Sx

8 5/8	100	100
4 1/2	2417	125
1	2377	

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

Test After Acid or Fracture Treatment: 7,234 MCF/Day; Hours flowed 3

Choke Size 3/4 Method of Testing: Positive choke

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 40,000 gals water, 40,000 # 20-40 sand.

Casing Tubing Date first new
Press. oil run to tanks

Oil Transporter

Gas Transporter El Paso Natural Gas Co.

Remarks:

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

Approved DEC 21 1960

19

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title Supervisor Dist. # 3

Pubco Petroleum Corp.

(Company or Operator)

By:

B. H. Waychoff, Jr.

(Signature)

Title

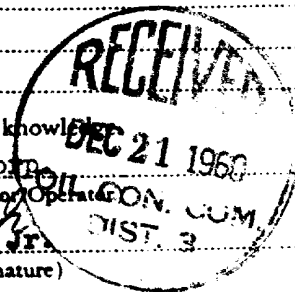
Prod. Engr.

Send Communications regarding well to:

Name N. E. Maxwell, Jr.

108 W. Chuuka

Address Aztec, New Mexico



STATE OF NEW MEXICO		
OIL CONSERVATION COMMISSION		
AZTEC DISTRICT OFFICE		
NUMBER OF COPIES RETURNED		3
SANTA FE		
FILE		✓
U.S.A.S.		
LEAD OFFICE		
TRANSPORT	BY	
PRIVATE		
OPERATOR		

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LAND OFFICE	
TRANSPORTER	OIL
	GAS 1
OPERATOR	1
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-62

PUBCO PETROLEUM CORP.
MERGED INTO MESA PETROLEUM CO.
EFFECTIVE MAY 1, 1973

I. Operator
Pubco Petroleum Corporation
Address
P. O. Box 1419, Albuquerque, New Mexico 87103
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
Change in name from State #27

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Lease No.	Well No.	Pool Name, including Formation	Kind of Lease
State Com AE		27	Blanco Pictured Cliffs	State, Federal or Fee State
Location				
Unit Letter	F	1690	Feet From The	N
Line and	1790	Feet From The	W	
Line of Section	36	Township	30N	Range
			9W	NMNM, San Juan
				County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Company	P. O. Box 1492, El Paso, Texas 79999					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	F	36	30N	9W	Yes	

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

RECEIVED

DEC 2 1965

CON. COM.

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Charles E. Ramsey
(Signature)

Area Production Manager
(Title)

November 29, 1965
(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 2 1965
BY R. R. RENDON
TITLE PETROLEUM ENGINEER DIST. NO. 3

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

