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LAND OFFICE	
TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

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 Jan. 4, 1963
(Place) (Date)

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

Southern Union Production Company McGord, Well No. 5, in SE $\frac{1}{4}$ SW $\frac{1}{4}$,
(Company or Operator) (Lease)
N, Sec. 27, T. 30-N, R. 13-W, NMPM., Basin Dakota Pool
Unit Letter

San Juan County. Date Spudded 12-1-62 Date Drilling Completed 12-13-62

Please indicate location:

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

Elevation 5662 S.L. Total Depth 6425 PBD 6387

Top Oil/Gas Pay 6178 Name of Prod. Form. Basin Dakota

PRODUCING INTERVAL -

Perforations 6358-6362; 6290-6293; 6252-6245; & 6198-6178

Open Hole -0- Depth 6423 Casing Shoe 6211 Depth 6211 Tubing

OIL WELL TEST -

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

(FOOTAGE)
Tubing, Casing and Cementing Record

Size	Feet	Size
<u>8-5/8</u>	<u>253</u>	<u>170</u>
<u>4-1/2</u>	<u>6113</u>	<u>300</u>
<u>1-1/2</u>	<u>6201</u>	<u>-0-</u>

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

Test After Acid or Fracture Treatment: 3.85h MCF/Day; Hours flowed 3

Choke Size 3/4" Method of Testing: One pt. back pr. test. CAMP 5,000

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 500 gals. acid 100,000 20-40 sand 122,400 gals. H₂O
500,000 SCF CO₂

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

Oil Transporter Platoon Inc., 903, New Mexico Tankers, 903

Gas Transporter Southern Union Gas Company

Remarks: _____

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

Approved JAN 18 1963, 19____

Southern Union Production Company

(Company or Operator)

Original signed by Thomas E. Ferno

By: _____ THOMAS E. FERNO
(Signature)

OIL CONSERVATION COMMISSION

By: _____ Original Signed by W. B. Smith

Title DEPUTY OIL & GAS INSPECTOR DIST. NO. 3

Title Asst. Drilling Superintendent

Send Communications regarding well to:

Name L. S. Muenink - Area Supp.

Address P. O. Box 808 - Farmington, N.M.

