

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.

Dallas, Texas April 26, 1960
(Place) (Date)

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

Southern Union Gas Company Federal, Well No. 1-18, in SW $\frac{1}{4}$ SW $\frac{1}{4}$,
(Company or Operator) (Lease)

M, Sec. 18, T. 30N, R. 12W, NMPM, Wildcat Pool
Unit Letter

San Juan

County. Date Spudded 12-9-59 Date Drilling Completed 1-5-60

Please indicate location:

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

Elevation 5938' Total Depth 6809' PBTD 6725'

Top XX/Gas Pay 6520' Name of Prod. Form. Dakota

PRODUCING INTERVAL -

Perforations 6702-6720', 6670-6688', 6520-6650'

Open Hole _____ Depth _____ Casing Shoe 6817' Depth _____ Tubing 6522

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>10-3/4</u>	<u>229</u>	<u>200</u>
<u>4-1/2</u>	<u>6817</u>	<u>475</u>
<u>2"</u>	<u>6522</u>	

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

Test After Acid or Fracture Treatment: 1478 MCF/Day; Hours flowed 6

Choke Size 1/2 Method of Testing: Single Point Back Press test

9407 1620 18770

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and

sand) 1,500 gals. mud acid, 90,000# sand, 2,640 bbls. water, dropped

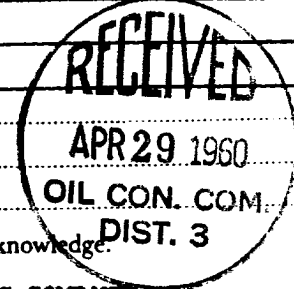
Casing _____ Tubing _____ Date first new _____ 275 rubber balls

Press. 2273# Press. 2277# oil run to tanks _____

Oil Transporter _____

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 APR 29 1960, 19____

SOUTHERN UNION GAS COMPANY
(Company or Operator)

Original Signed By _____

By: L. S. Mennink (Signature)

Title Exploration Engineer

Send Communications regarding well to:

Name Paul J. Clote

Address 1001 Burt Bldg., Dallas, Texas

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title Supervisor Dist. # 3

STATE OF NEW MEXICO		
OIL CONSERVATION COMMISSION		
ALBUQUERQUE DISTRICT OFFICE		
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