

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
~~RECEIVED~~

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

8/1/61

(Place)

(Date)

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

Southwest Production Company Pearl Wilkes, Well No. 1, in NE 1/4 NE 1/4,
(Company or Operator) (Lease)

A, Sec. 14, T. 30N, R. 12W, NMPM, Basin Dakota Pool

Unit Letter

San Juan

County. Date Spudded 6/7/61

Date Drilling Completed 6/20/61

Elevation 5641 G.L. Total Depth 6712 PBD CO 6688

Please indicate location:

Top Oil/Gas Pay 6477 Name of Prod. Form. Dakota

PRODUCING INTERVAL -

Perforations 6477-85, 6496-6504, 6529-47 w/4PF

Open Hole _____ Depth _____
Casing Shoe _____ Tubing 6529

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

GAS WELL TEST -

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

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

Test After Acid or Fracture Treatment: 2,189 MCF/Day; Hours flowed 3

Choke Size 3/4" Method of Testing: Choke

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 250 gals 7 1/2% Acid, 38,900# ad & 53,000 gals galled wtr.

Casing _____ Tubing _____ Date first new
Press. 2100# Press. 2100# oil run to tanks

Oil Transporter _____

Gas Transporter El Paso Natural Gas Company

Remarks: _____

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

Approved AUG 4 1961, 19____

Southwest Production Company

(Company or Operator)

Original signed by

By: Carl W. Smith

(Signature)

OIL CONSERVATION COMMISSION

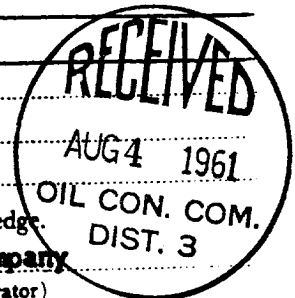
By: Original Signed Emery C. Arnold

Title: Production Superintendent
Send Communications regarding well to:

Title Supervisor Dist. # 3

Name Southwest Production Company

Address 207 Petr. Club Plaza, Farmington, N. M.



STATE OF NEW MEXICO		
OIL CONSERVATION COMMISSION		
AZI COO STREET OFFICE		
NUMBER OF COPIES RECEIVED		
0 51 15 00 ON		
SANITARY		
FILE		
RECEIVED		
LEAD OFF		
TRANSPORTER	ON EAS	
PRODUCTION OFFICE		
OPERATOR		