

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR ~~(OIL)~~ - (GAS) ALLOWABLE

New Well
~~Existing~~

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 February 27, 1962
(Place) (Date)

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

Southwest Production Company Helen Hartman, Well No. 1, in SE $\frac{1}{4}$ SE $\frac{1}{4}$,
(Company or Operator) (Lease)

P, Sec. 8, T. 30 N, R. 11 W, NMPM, Basin Dakota Pool
Unit Letter

San Juan

Please indicate location:

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

E/2

Tubing, Casing and Cementing Record

Size	Feet	Sax
9 5/8" • 325 KB		210
4 1/2" • 6655 KB		775
1 1/2" tbq. • 6605' KB		

County. Date Spudded 1/19/62 Date Drilling Completed 2/7/62
Elevation 5571' G.L. Total Depth 6658 ~~XXXX~~ CO 6636
Top Oil/Gas Pay 6508 Name of Prod. Form. Dakota

PRODUCING INTERVAL -

Perforations 6508-24, 6592-6604, 6629-33
Open Hole _____ Depth _____ Depth _____
Casing Shoe _____ Tubing 6605' KB

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 -

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

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

Test After Acid or Fracture Treatment: 2,732 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): 500 gals. 7 1/2% HDA; 80,000# sd. 88,100 gals. wtr.
Casing 1241 Tubing _____ Date first new
Press. 218 Press. _____ 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 MAR 1 1962, 19____

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title Supervisor Dist. # 3

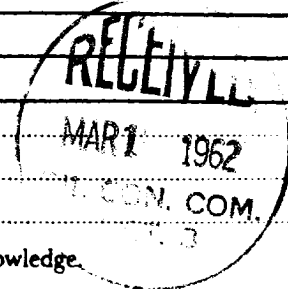
Southwest Production Company
(Company or Operator)

Original signed by
By: Carl W. Smith
(Signature)

Title Superintendent
Send Communications regarding well to:

Name Southwest Production Company

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



STATE OF NEW MEXICO		
OFFICE OF CRIMINAL JUSTICE		
DISTRICT OF ALBUQUERQUE		
REPORT OF CRIMINAL RECORDS		
NAME		
ADDRESS		
CITY		
COUNTY		
STATE		
DATE OF BIRTH		
DATE OF ARREST		
ARRESTED BY		
CHARGE		
DISPOSITION		