

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
(Place)

May 11, 1961
(Date)

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

SOUTHERN UNION PRODUCTION COMPANY TALIAFERRO, Well No. 2, in SW $\frac{1}{4}$ SW $\frac{1}{4}$,
(Company or Operator) (Lease)

M, Sec. 31, T. 31N, R. 12W, 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 |

County. Date Spudded 3/9/61 Date Drilling Completed 3/30/61

Elevation 5902 G.L. Total Depth 6882 PBD 6858

Top ~~Gas~~ Pay 6666 Name of Prod. Form. Dakota

PRODUCING INTERVAL -

Perforations 6666-6684, 6710-6744 & 6754-6780

Open Hole _____ Depth _____ Casing Shoe 6882 Depth _____ Tubing 6692

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Choke 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: None MCF/Day; Hours flowed _____ Choke Size _____

Tubing, Casing and Cementing Record

| Size | Feet | Sax |
|-------------------|--------------|--------------------|
| <u>8-5/8"</u> | <u>264'</u> | <u>190 gr.</u> |
| <u>1 1/2"</u> | <u>6882'</u> | <u>890 gr. ft.</u> |
| <u>1 1/2" tub</u> | <u>6692</u> | |
| | | |

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

Test After Acid or Fracture Treatment: 1,851 MCF/Day; Hours flowed 3

Choke Size 3/4" Method of Testing: Single Point Back Pressure

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 57,500# sand, 52,270 gal. water, 250 gal 10% HCl

Casing _____ Tubing _____ Date first new _____
Press. 1980 Press. 1972 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 MAY 16 1961, 19____

SOUTHERN UNION PRODUCTION COMPANY
(Company or Operator)

OIL CONSERVATION COMMISSION
Original Signed By

By: A. R. KENDRICK

By: L. S. Muennink (Signature)

Title Production Superintendent
Send Communications regarding well to:

Title PETROLEUM ENGINEER DIST. NO. 3

Name _____

L. S. Muennink

Address P. O. Box 808, Farmington, New Mexico

| | | |
|-----------------------------|-----|--|
| STATE OF NEW MEXICO | | |
| OIL CONSERVATION COMMISSION | | |
| AZTEC DISTRICT OFFICE | | |
| NUMBER OF COPIES RECEIVED | | |
| DISTRIBUTION | | |
| SANTA FE | | |
| FILE | | |
| U.S.M.S. | | |
| LAND OFFICE | | |
| TRANSPORTER | OIL | |
| | GAS | |
| PERMITTING OFFICE | | |
| OPERATOR | | |