

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

May 23, 1958

(Place)

(Date)

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

Southern Union Gas Company

Ute Indian

Well No. 4-24, in NW $\frac{1}{4}$ SW $\frac{1}{4}$,

(Company or Operator)

(Lease)

L

Sec. 24

T. 31N

R. 15W

NMPM., Verde Gallup

Pool

Unit Letter

San Juan

County. Date Spudded 3/30/58

Date Drilling Completed 5/20/58

Please indicate location:

Elevation 5577

Total Depth 2580

PBTD ---

Top Oil/Gas Pay 2545

Name of Prod. Form. Gallup

PRODUCING INTERVAL -

Perforations None

Open Hole 2545-2580

Depth Casing Shoe 2545

Depth Tubing 2577

OIL WELL TEST -

Natural Prod. Test: Pumped 98 bbls. oil, 24 hrs, --- min. Choke 17 stroke per min., 36" stroke & 1 1/2" pump

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. Choke ---

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: --- MCF/Day; Hours flowed ---

Choke Size --- Method of Testing: ---

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): None

Casing Tubing Date first new Press. --- oil run to tanks 5-17-58

Oil Transporter El Paso Natural Gas Products Company

Gas Transporter ---

Remarks: ---

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

Approved MAY, 1958

OIL CONSERVATION COMMISSION

SOUTHERN UNION GAS COMPANY

Original Signature (Company or Operator)

L. S. MUENNINK

By: L. S. Muennink (Signature)

Title Exploration Engineer

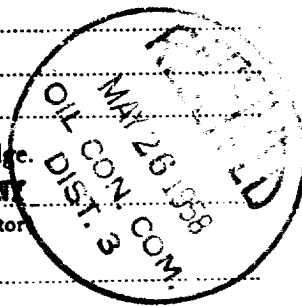
Send Communications regarding well to:

Name A. M. Wiederkehr

Address Burt Bldg., Dallas, Texas

By: ---

Title Supervisor Dist. 3



1. Name	2. Address	3. City	4. State	5. Zip
6. Phone	7. E-mail	8. Fax	9. Mobile	10. Pager
11. Birthdate	12. Gender	13. Marital Status	14. Religion	15. Education
16. Occupation	17. Income	18. Assets	19. Liabilities	20. Net Worth
21. Credit Score	22. Credit History	23. Credit Utilization	24. Credit Inquiries	25. Credit Review
26. Credit Report	27. Credit Report	28. Credit Report	29. Credit Report	30. Credit Report
31. Credit Report	32. Credit Report	33. Credit Report	34. Credit Report	35. Credit Report
36. Credit Report	37. Credit Report	38. Credit Report	39. Credit Report	40. Credit Report
41. Credit Report	42. Credit Report	43. Credit Report	44. Credit Report	45. Credit Report
46. Credit Report	47. Credit Report	48. Credit Report	49. Credit Report	50. Credit Report
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86. Credit Report	87. Credit Report	88. Credit Report	89. Credit Report	90. Credit Report
91. Credit Report	92. Credit Report	93. Credit Report	94. Credit Report	95. Credit Report
96. Credit Report	97. Credit Report	98. Credit Report	99. Credit Report	100. Credit Report