## CORRATION OFFICE

## NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

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

New Well Recompletion

This form small 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 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.

			Denver, Colorado 6-7-62
WE ARE	S WEDERV	Protteen	(Picas)
Consolid	Rated Oil	l- Coa T	ING AN ALLOWABLE FOR A WELL KNOWN AS:
(	Company or (		Inc. Ni elsen Well No. 1 in NE 1 SE
uel	, So Laties	ec17	, T. 31N , R. 13W , NMPM., Basin Dakota Po
********	San	Juan	County. Date Spudded 4-1-62 Ente Prilling Completed 4-29-62
Pie	ezse indicate	location:	Total Depth 6731 Depth 6710
D	C B	7	Top Oil/Gas Pay 6570 Name of Prod. Form. Dakota  PRODUCING INTERVAL -
E	P G	H	Perforations 6570-6696 (Selected intervals)  Open Hole Casing Shoe 6731 Depth Tubing 6536
			OIL WELL TEST -
L	K J	I Ø	Natural Prod. Test: bbls.oil, bbls water in hrs. min. Size
	W O	- P	Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of
And the state of t			load oil used): bbls.oil, bbls water in hrs, min. Size  GAS WELL TEST -
18 <u>50'FNI</u>	790'FE	L	
	( FUCTAGE)	enting Record	
Sire	Fret	Sax	and do lesting (pitot, back pressure, etc.):
9 5/8	196	175	Test After Acid or Fracture Treatment: 2680 MCF/Day; Hours flowed 3  Choke Size 3/4 Method of Testing: 3 hr. initial potential
5 1/2	6731	290	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and fund): 150,000 # sand, 186,600 gal water
1 1/2	6535	Tubing	
			Oil Transporter Foutz and Bursum Trucking Co., Inc.
<u></u>	Waiti		Gas Transporter Southern Union Gas Eo.
Remarks:	Walti	ing for pi	peline connection.
••••••		••••••••••••••••••	JUN8 1962
I hereb	cy certify the	at the inform	mation given above is true and complete to the best of my property CON. COM.
Approved	JUN 0 K	962	
OI	L CONSER	VATION C	COMMISSION By: (Signature)
By:Orig	jinal.Signe	d.by.W. I	R. Smith Title Chief Engineer
			Send Communications regarding well to:  Name R.B. Tenison, Vice-President
			Address 2112 Tower Bldg. 1700 Broadway