

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE
DUAL COMPLETION

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 March 16, 1960
(Place) (Date)

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

Southern Union Gas Company Wright State, Well No. 1, in. NW $\frac{1}{4}$ NE $\frac{1}{4}$,
(Company or Operator) (Lease)
B, Sec. 36, T. 32N, R. 13W, NMPM, Wildcat Pool
Unit Letter
San Juan County. Date Spudded 11-10-59 Date Drilling Completed 1-26-60

Please indicate location:

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

Elevation 5835 Total Depth 6985 PBD

Top Oil/Gas Pay 4516 Name of Prod. Form. Mesaverde

PRODUCING INTERVAL -

Perforations 4516-4782

Open Hole _____ Depth 6982.80 Depth 4517
Casing Shoe Tubing

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____ Choke

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 _____

Tubing, Casing and Cementing Record
Size Feet Sax

| | | |
|--------|-------------------------|-----|
| 10-3/4 | 276.65 | 275 |
| 7-5/8 | 2362.96 | 150 |
| 5-1/2 | <u>liner</u> 4832.80 | 293 |
| 1" | 4517 | |

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

Test After Acid or Fracture Treatment: 4753 MCF/Day; Hours flowed 3

Choke Size 3/4" Method of Testing: Single Point Back Press. Test

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): Fraced w/40,000 gals water, 60,000# sand and 100 rubber balls

Casing 1080# Tubing 1086# Date first new IR-48 BPM
Press. 1080# Press. 1086# oil run to tanks

Oil Transporter _____

Gas Transporter Southern Union Gathering Company

Remarks: _____

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

Approved _____ APR 4 1960, 19 _____

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Supervisor Dist. # 3

Title _____

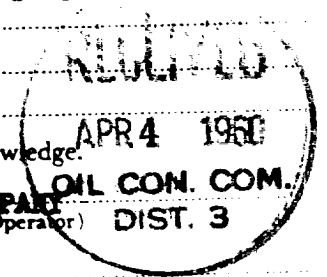
SOUTHERN UNION GAS COMPANY
Original Signed _____
By: P. J. CLOTE
Title: Mgr. Drilling and Production
Send Communications regarding well to:

Name: Paul J. Clote (Signature)

Title: Mgr. Drilling and Production
Send Communications regarding well to:

Name: Paul J. Clote

Address: 1001 East Blvd. Dallas, Texas



| OIL COMPANY'S EMISSION | | |
|------------------------|---|---|
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