

DUPLICATE

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 QUADRUPPLICATE 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.

Albuquerque, New Mexico

May 24, 1960

(Place)

(Date)

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

Simulador Oil & Gas Company

State Land Office

Well No. 2

in

1/4

1/4

(Company or Operator)

(Lease)

Unit Letter

200

Sec

20

T

200

R

200

NMPM.

Pool

County. Date Spudded

1-20-60

Date Drilling Completed

5-2-60

Elevation

2530

Total Depth

2597

PBTD

2530

Top Oil/Gas Pay

2590

Name of Prod. Form.

2000

Please indicate location:

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

PRODUCING INTERVAL -

Perforations

2594-2597

Open Hole

Depth

2597

Depth

-

Casing Shoe

Tubing

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: _____ 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): _____

Casing Press. _____ Tubing Press. _____ Date first new oil run to tanks _____

Oil Transporter

Simulador Petroleum Company

Gas Transporter

Simulador Flared

Tubing, Casing and Cementing Record

Size	Feet	Size
9-5/8	2530	600
2-7/8	2597	2000

Remarks:

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

Approved _____, 19 _____

Simulador Oil & Gas Company

(Company or Operator)

OIL CONSERVATION COMMISSION

By: _____

Title: _____ PRORATION MANAGER

By: _____

(Signature)

Title: _____

Send Communications regarding well to:

Name: _____

Address: _____

Original: 000-700:StateLandOffice; cc:1072, 21, File

