DISTRIBUTION SANTA FE FILE U.S.G.5 LAND OFFICE TRANSPORTER PRORATION OFFICE OPERATOR

NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWAPLE

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

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 recompletio. The completion date shall be that date in the case of an oil well when new oil is deliv-

red into	o the stock	tanks. Gas mu	st be reported on 15.0	Aibuqu	renheit. erque, Ne	w Mexico		4-27-62
				(Plac	e)			(Date)
VE ARI	Chaco	REQUESTI S	NG AN ALLOWAB anta Fe Pac RR	LE FOR A WEL We	L KNOWN 25 (1-	145): in.	SE 1/2	SW 1/4,
(Company or Operator)			20 N	(Igag) NMPI	R A WELL KNOWN AS: 25 (I-14) SE, Well No			Pool
umn Mc	Letter Kinley		County. Date Spu	4-16-62 dded	Date	Drilling C	completed	4-17-62
P	lease indica	ite location:	Elevation	466	_Total Depth_		PBTD	ee
D	C	ВА	Top Oil/Gas Pay PRODUCING INTERVAL		_Name of Prod	· FORM.	ng magip nami'yati yatida matamia ya daga na mika ya 1440	
E	F	G H	Perforations 466-4 Open Hole	83½	Depth Casing Shoe	467	Depth Tubing	none
L	K	J I	OIL WELL TEST - Natural Prod. Test	24 bbls.oil	,b	bls water in	24 hrs,	Choke 2 min. Siże
М	N	0 P	Test After Acid or					Chake
	2575'/ (FOOTAGE Casing and	E Cementing Reco	Method of Testing					
Size	Fee	t Sax	Test After Acid or	Fracture Treatment		MC	Day; Hours	flowed
2"	467	10	Choke Size	Method of Testing	·			
			Acid or Fracture Ti	reatment (Give amou	nts of materi	als used, su	ch as acid,	water, oil, and
			Casing Tipers. P. Oil Transporter	Lamar Truc	first new run to tanks_cking Comp		62	
lemark	5 :		Gas Transporter as injection W	eil #1-14. H			ved to be	011-
I h	ereby certi	fy that the inf	en re-numbered a	is true and comp		st of my kno	wledge.	
pprove			N COMMISSION	Ву:	Mon	Company or (Sirvatu	You co	N COM
3 y:		gasal Europ Second	y C. Arne w	Title	Send Comi	munications rdseye	regarding w	ell to:
Γitle	••••••						rque, Nev	