NI OFFICE DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS PRORATION OFFICE OPERATOR 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

X

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.

				Farmington, New Mexico July 26, (Place) (Date)
			•	FING AN ALLOWABLE FOR A WELL KNOWN AS:
		y or Ope		Santa Fe R. R. Cevell No. 9 in SW 1/4 SV (Lease) Chase whath Mesa Verde
•••••				T 20N , R 9W , NMPM., MEKKNINGK
•	-	ley		County Date Spudded 7-9-62 Date Drilling Completed 7-13-62
		dicate lo		Elevation 6415 Total Depth 343 PBTD
D	C	В	A	Top Oil/Gas Pay 325 Name of Prod. Form. Chaera PRODUCING INTERVAL -
				Perforations
E	F	G	H	Open Hole 308-343 Depth Depth Casing Shoe 308 Tubing 308
L	K	J	I	OIL WELL TEST - Cho Natural Prod. Test: 5 bbls.oil, 12 bbls water in 4 hrs, 0 min. Siz
				Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume
M	N	0	P	Choke load oil used): 6 bbls.oil, bbls water in hrs, min. Size
		ļ		GAS WELL TEST -
				Natural Prod. Test: MCF/Day; Hours flowed Choke Size
tubing	Casing,		nting Reco	Method of Testing (pitot, back pressure, etc.):
Size	r	Feet	Sax	Test After Acid or Fracture Treatment: MCF/Day; Hours flowed
5%	2 3	08	10	Choke Size Method of Testing:
				Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, a sand):
	i			Casing Tubing Date first new Press. Press. oil run to tanks 7 - 20 PP D4
				Oil Transporter Namas Szucking Co. KLULIVE
				Gas Transporter
lemark	s:			OIL CON. COM.
. 			•••••••••••	DIST. 3
I h	ereby ce	ertify tha	at the info	formation given above is true and complete to the best of my knowledge.
Approve	3115	2 7 196	47	, 19. Seanlen-Shepard (Company or Operator)
	OIL C	ONSER	VATION	N COMMISSION By: Leanlon
_				(Signature)
y: Original Signed Emery C. Arnold Title Supervisor Dist. # 3				Send Communications regarding with
Citle Su	per viso i	Dist. #	.	Name R. J. Seanlon
				Address Box 601. Farmington. N. M.