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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 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.

(Place)

(Date)

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

C. B. Harvey, Well No. 2, in 1/4 1/4,
(Company or Operator)
18N (Lease) 3W Undesignated Mesaverde Pool
Sec. 33, T. 18N, R. 3W, NMPM.,
Unit Letter Sandoval Date Spudded 10/2/63 Date Drilling Completed 10/7/63

Please indicate location:

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

County. Date Spudded 10/2/63 Date Drilling Completed 10/7/63
Elevation 347 Total Depth 378 PBTQ Mesaverde
Top Oil/Gas Pay _____ Name of Prod. Form. _____

PRODUCING INTERVAL -

None

Perforations 347-378 Depth 347 Depth 2" 347
Open Hole _____ Casing Shoe _____ Tubing _____

OIL WELL TEST -

Natural Prod. Test: 6 bbls. oil, 24 bbls water in _____ hrs, _____ min. Choke Size _____
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 _____

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

La Mar Trucking Co, Box 1528, Farmington, New Mexico

Oil Transporter _____

Gas Transporter _____

Remarks: _____

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

Approved JUL 17 1964, 19____

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title Supervisor Dist. # 3

By: J. Harvey (Company or Operator)
Operator (Signature)

Title _____

Send Communications regarding well to:
439 Camina del Monte Sol
Name Santa Fe, New Mexico

