NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

(Form C-184: Revised 7/1/5)

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. Cas must be reported on 15.025 psia at 60° Fahrenheit.

u mto	uie stock tai	iks. Qas mu	st be reported		SANTA P		JULY	29,1960
		,			(Place)			(Date)
		-			R A WELL KNO		er	***
ARVET	ompany or O	Marana I	J. S.	(Lesse)	, Well No.	EANDOVAL IN	TINTY	4
, ~	Ope, O. O.	parent,		(2000)	, NMPM.,			
Unit I	etter							L. Francisco
San	DOVAL				0/10/49	Date Drilling	Completed	4/15/50
Ple	Please indicate location:		Elevation_	8621 788	Total	# #	PBTD	
D	C B	A	Top Oil/Gas	785	Name o	f Prod. Form.		
		-	PRODUCING I	NTERVAL -	B. N		٠	
			Perforation	ıs	i G e			
E	F G	H	Open Hole_	1051	Depth Casing	Shoe_ 786	Depth Tubing	716
	l		OIL WELL TE					
L	K J	I					24	Choke 3,
M	N O	P			e Treatment (after		·	Choke
		1	load oil us	ed):bl	ols.oil,	_bbls water in	hrs,	_min- Size
			GAS WELL TE	<u>st</u> -				
***			_ Natural Pro	 d. Test:	MCF/Da	v: Hours flowed	Choke	Size
ubing Ce	sing and Cen	menting Reco	_		pack pressure, etc			
Sire Feet Sax				Treatment:				
		4						
70,	<u> 521</u>	9	Choke 312e	Me criod	of Testing:			
5°	786	66	Acid or Frac	cture Treatment	(Give amounts of m	materials used, su	ch as acid,	water, oil, and
			sand):					
2"	776		Casing Press.	Tubing Press.	Date first of the Date first o	new tanks	of the line	· ·
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marks:. Whon	a new ro	tor was	inclailed	and pumping	operations t	dera again r	DIL CON	COM.
		•••••	***************************************				IL CON.	3
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I here				above is true	and complete to t	the best of my known	owledge.	
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					\cap \circ	(Company or C	Jperator)	
			COMMISSI		Ву:	Signatu	75 J	
Ori	ginal Sig	ned Eme	ey C. Arn	ملط	7	Sugnatu	. 7	B War.
:			******************		Title	Communications	regarding w	ell to:
Supervisor Dist. # 3							rekardink w	CII W.
IC					Name	B. Herd 9 Cepino del	Manta Ro	1
		•				Santa Pe, M	ow Mexico	
					Address			

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