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Santa Fe. New Mexico

(Form Ø-104) Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWAPLE

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

				-	Denve (Place	er, Colorado	Septemb	(Date)	
WE ARE	HERE	BY RE	QUESTI	IG AN ALLOWABLI	E FOR A WEL	L KNOWN AS:			
• • • • • • • • • • • • •				Jicarilla "R" N			-	• -	
P		or Oper	rator) 29	, T23N , R	ease) 27 7 NMP1	M., Unde	esignated	Pool	
Umit	Letter		ndoval	County. Date Spude					
	ease ind	• • • • • • • • • • • • • • • • • • • •		Elevation	7354	Total Depth			
D	СТ	В	A	Top 🐒 /Gas Pay	2942	Name of Prod. Form	m. Pictured	Cliffs	
				PRODUCING INTERVAL -					
E	F	G	H	Perforations		Depth	Depth		
_	-	_	-	Open Hole		Casing Shoe30]	I5 Tubing	3005	
	7			OIL WELL TEST -				Choke	
L	K			Natural Prod. Test:_	bbls.oil	l,bbls w	ater inhrs.		
				Test After Acid or F	racture Treatment	t (after recovery o	f volume of oil e	qual to volume of	
M	N	0		load oil used):	bbls.oil, _	bbls water	in'hrs,	min. Size	
		A		GAS WELL TEST -					
780 FS				Natural Prod. Test:	·	MCF/Day; Hours fl	owedChok	e Size	
Tubing ,C	FOOTA)	nd Ceme:	nting Recor	d Method of Testing (p	itot, back press	ure, etc.):			
Size	F	cet	Sax	Test After washing F	racture Treatmen	t: <u>/353</u>	MCF/Day; Hour	s flowed 3 hr	
8 5/8	" 94	•	60	Choke Size 3/4:	Method of Testin	9: Back P	ressure		
4 1/2	" 30	15	75	sand): k 30 000	atment (Give amou	unts of materials us	sed, such as acid	, water, oil, and	
1 1/4	" 30	05		Casing 722 Tub Press. 722 Pre			- 2		
-				Oil Transporter					
				Gas Transporter	W1 Bon	o Natural Gas	Company	CCILA	
Remarks	:			- Ods Transporter			/R	[PEIAFD /	
		••••••		•••••••••••••••••••••••••••••••••••••••			M	AY 1 3 1964	
	•			rmation given above	e true and com	nlete to the best of	my knowledge	CON. COM.	
I he Approved	dMAY	1.3	1964	, 19.	s true and com	Shar-Alan Oil	Company ORCH	A STRIKE TO STRIKE	
				COMMISSION	Ву:	Richard S. H	unt (Signature)		
						Mgr. of Lands	` •	lens	
By: Or	iginal	Signe	ed Emer	y C. Arnold	Title				
Title Supervisor Dist. # 3						Send Communications regarding well to: Name			
					Addres	1402 Denver SDenver2.,Co			
					Varies	· · · · · · · · · · · · · · · · · · ·			

 $(x_1, \dots, x_n) = (x_1, \dots, x_n) + (x_1, \dots, x_n$

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