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)	<u> </u>	August 1, 195
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	ompany or Op	erator)	al Mavajo	, vveii 140si se)		/4
, •	O Sec	36	, T. 22N , R. 14	S , NMPM.,	Stony F	ntte
Unit 1	,etter					
	San Juan		County. Date Spudded	1.2/16/56 D	ate Drilling Co	apleted7/17/5
Ple	ase indicate l	ocation:		Total Dept		
<u> </u>	C B		Top Oil/Gas Pay	Name of Pr	od. Form. Moss	werde (Allison m
D	C B	^	PRODUCING INTERVAL -			
			Perforations			
E	F G	H	<u> </u>	Depth	. 630	Depth Tubing
			Open Hole 939-95	Casing Sno	- 737	
-		+ 1	OIL WELL TEST -			c
r	K J	1	Natural Prod. Test:	bbls.oil, 14	bbls water in	24 hrs,min. S
		1	Test After Acid or Frac	ture Treatment (after rec	overy of volume	of oil equal to volum
M	N O	P	load oil used):	bbls.oil,bbl	ls water in	Choke hrs,min. Size_
		K				
	2212/2		GAS WELL TEST -			
990/4	1980/E		. Natural Prod. Test:	MCF/Day; H	lours flowed	Choke Size
ibing C	asing and Com	enting Recor	d Method of Testing (pito	ot, back pressure, etc.):_		
Size	Feet	Sax		cture Treatment:	MCF/	Day: Hours flowed
			1	thod of Testing:		
8-5/8	685		Choke Sizeme	thod of festing.		
			Acid or Fracture Treatm	ment (Gi ve amounts of mate	rials used, such	h as acid, water, oil,
<u>7</u>	925		sand):			
1	020	20	Casino Tubino	Date first new		/ HIM
5-1/2	2 939	-		oil run to tank		
		1	Cil Transporter AL P	aso Natural Gas Pr	CONCOR 111	AUG 1 198
		<u> </u>	Gas Transporter			
marks:						\ birco.
						QIST3
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1 ner	eby certify u	iat the mio	renation given above is	7451	car	e el al
proved			1957, 19		(Company or O	perator)
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	DIL CONSE	RVATION	COMMISSION	Ву:	(Signatur	e)
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y: Oxig	sinal Sign	ed Emer	y C. Arnold	TitleSend Of	Inmunications I	egarding well to:
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يايد ١١١٤	hai iisoi ni x	o	***************************************	Name	THE CONTRACTOR	72
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				Address	Contract of the second	

OIL CON	SERVATION C	OMMISSION		
1	EC DISTRICT			
No. Copie	s Received	4		
DISTRIBUTION				
1		NO.		
Operator		/		
Santa Fe		/		
Proration O	ffice	1		
State Land	Office			
U. S. G. S.				
Transporter				
File		1 1		