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NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe. New Mexico

(Form C-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. Gas must be reported on 15.025 psia at 60° Fahrenheit.

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FARF	HEREBY R	EOUESTIN	NG AN ALLOWABLE FOR A WELL KNOWN AS:
-A14	o 011 Com	env C	rang-fiede at 101 036224 Well No5 in
j (Company or Op	erator) 31	(Lease) , T. 24% , R. iv , NMPM., So Slanco Pictured Cliffs 1
io Al	ribo		County Date Snudded 6-5-62 Date Drilling Completed 6-11-62
	lease indicate l		Elevation lotal bepth relation
D	C B	A	Topent/Gas Pay Name of Prod. Form Pictares Elliffs PRODUCING INTERVAL -
			***** *** *****************************
E	F G	H	Perforations Depth Open Hole Depth Casing Shoe 34c'/ Tubing 3.3 2c
-L	K		OIL WELL TEST - Ch
"			Natural Prod. Test: bbls.oil, bbls water in hrs, min. Si Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume
M	N O		Choke load cil used): bbls,oil, bbls water in hrs, min. Size
		**	GAS WELL TEST -
	(FOOTAGE)	-	Natural Prod. Test: MCF/Day; Hours flowed Choke Size
tubling , Size	Casing and Cen	_	Method of Testing (pitot, back pressure, etc.): Test After Morror Fracture Treatment: 2344 MCF/Day; Hours flowed 3
8 5/1	971	60	Choke Size Method of Testing: Sack Pressure
4/1/2	2" 3407"	125	Acid or a angle Transmost (Give amounts of materials used, such as acid, water, oil, sand):
1 ' th	3329'		Casing Tubing Date first new Fress. 1.35 Press. oil run to tanks
<u> </u>			Gil Transporter
ĺ			Gas Transporter 1 Page Matural Gas Company
l	s:	••••	4
.			OCTS 1962
I h	nereby certify	that the inf	formation given above is true and complete to the best of my unowiedge. N. COM.
I h	nereby certify	that the inf	ormation given above is true and complete to the best of my unovitedge. N. COM. DIST. 3 (Company or Operator)
I h	nereby certify t	1962	ormation given above is true and complete to the best of my knowledge. N. COM. Shar Alen 81 Campany or Operator. Richard S. Hunt
I h	nereby certify t	1962	responsible to the best of my knowledge N. COM. Shar Alen Bi Campan, DIST. 3 Richard S. Hant Signature) Mgr. of Land Spierstions
I h	nereby certify t	1962	ormation given above is true and complete to the best of my knowledge. N. COM. Shar Alen 81 Campany or Operator. Richard S. Hunt