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OPERATOR

## 2 File 1 Bank

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104) Revised 7/1/57

## REQUEST FOR (OIL) - (XXXX) ALLOWAPLE

New Well

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.

o mio un	e stock talls	s. Van mus	t be reported on	10.010 p		erque.	New Mexi	co Jan	uary 3, 19	
ARF H	EREBY RE	EOUESTI	NG AN ALLOY	WABLE FO	,	•	N AS:		ζ=,	
		_	e., Inc.						4 ME 1/4,	
(Соп	npany or Ope	rator)	, T24N	(Lease)	)					
Unit Lati										
Rio Arriba			County. Date Elevation	Spudded <b>6746</b>		Total Denti	561	nero Prin	5574	
Please indicate location:			Top Oil/Gas Pa							
D C	B <b>X</b>	A	PRODUCING INT							
			Perforations		5504 w/	4 SPF				
E F	P G	H	Open Hole	-	-	Depth Casing Show	<b>5610'</b>	Depth Tubino	5525'	
L	( J	I	OIL WELL TEST		hhle ai	1.	hhis water in	hre.	Choke min. Size	
				-					al to volume of	
M	1 0	P							Choke min. Size <b>Pu</b>	
		1				551	3 Mig CC1 111	<u> </u>		
F00 6	nl & 16	<u> </u>	GAS WELL TEST	•						
(1	FOOTAGE)								Size	
bing ,Cas: Sire	ing and Geme Feet	nting Recor								
	<del></del>		1						flowed	
-5/8	193	130	Choke Size	Metho	od of Testin	9 <b>:</b>				
-1/2	5601	150	Acid or Fracti	ure Treatmen	t (Give amo	nts of mater 1,200 g	rials used, su	ch as acid,	water, oil, and	
-3/8	5516	thg	Casing Press.					mary 2,		
<u>,                                     </u>			Oil Transport		& H Tr	ucking	Co.	CCELL		
			Gas Transport					RILLL	(tC)	
marke:			das IIanapor					IANI A	1062	
									1962	
							/c	DIL CON.	COM./	
I hereb	ov certify th	at the info	ormation given	above is tru	ue and comp	plete to the	best of my knd	wiedge !.		
proved	AN 4 196	2		, 19	Val	R. Rees			TRC,	
						0.0	(Company or C	/ Levis	C. Jameso	
OI	L CONSE	RVATION	COMMISSIO	N	By		(Signatu	re)		
. Origi	nal Sign	ed Emer	y C. Arnold	<b></b>	Title			regarding u	vell to:	
Title Supervisor Dist. # 8					Name	Send Communications regarding well to:  Val R. Reese & Associates, Inc.  Name Lobby of Simus Building				
					Addres	Albuqu	erque, N	lew Mex	leo	

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