NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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 kempletion 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) (D	late)	
VE ARE F	IEREBY	REQUESTI	ING AN ALLOWABLE FOR A WELL KNOWN AS:	,	
risona	Explo	rations,	, Inc. Jicarilla , Well No. 2-D , in SW 1/4 S	V /4,	
	mpany or (, S Her		(Lease) T. 24 M , R. 4 W , NMPM., Ballard PC	Pool	
Rio Ar	riba	····	County. Date Spudded. 12/3/55 Date Drilling Completed 12/2	5/55	
Please indicate location:			Elevation 6730 Total Depth 2560 PBTD		
D	C I	B A	Top Oil/Gas Pay 2484 Name of Prod. Form. Pictured Cl1: PRODUCING INTERVAL -	ffs	
E	F G	H	Perforations 2484 - 2506 132 shots		
			Open Hole Casing Shoe Tubing OIL WELL TEST -		
L	K J	I	Natural Prod. Test: bbls.oil, bbls water in hrs, m	_	
M	N C	P	Test After Acid or Fracture Treatment (after recovery of volume of oil equal to load oil used):bbls.oil,bbls water inhrs,min.	Choke	
×			GAS WELL TEST -		
			Natural Prod. Test:MCF/Day; Hours flowed Choke Size	•	
ubing ,Cas	ing and Ge	menting Recor			
Size Feet San		Sax	Test After Acid or Fracture Treatment: 793 MCF/Day; Hours flowed	3 hrs	
3-3/8	320.5	0 250	Choke Size .75 Method of Testing: back pressure		
8-5/8	2560	275	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and		
			sand): 39.010 gal water 30.000 lbs. sand		
2ª	2460.1	3	Casing Tubing Date first new oil run to tanks		
			Oil Transporter		
			Gas Transporter El Paso Matural Gas Company	a E	
marks:		•••••			
	•••••	••••••			
	••••••	***************************************	(O ₁)		
I hereb	y certify	that the info	ormation given above is true and complete to the best of my knowledge.	'N 1960	
proved	AUG :	2 1960	, 19 Arizona Explorations, Inc. (3)	COM	
OI	L CONSI	ERVATION	COMMISSION By: (Signature)	ئے	
Orien	inal Sia	nad F			
	pervisor		Title Vice President Send Communications regarding well to:		
	••••••	***************************************	Name Arisona Explorations, Inc		
			Address 417 Meadows Bldg., Dallas	6. Tex	

	STATE OF NEV	MEXICO				
	OIL CONSERVATION COMMISSION					
	NUMBER OF COPIES RECEIVED					
	SANTA FE	17				
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	D OFFICE					
	THANKS-ORT: R OIL	-				
	GAS TON 3 SICE	-				
L	OPERATOR					
2350	The all street.	Transit Me and				
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