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

					Parming ton New Mexi	.00
WE AR	E HERI	EBY RE	QUESTI	NG AN ALLOWABLE FO	OR A WELL KNOWN AS:	
			~			n ¼,
	(Compan	y or Ope	rator)	(Lease)	
Unit Letter				, T.##!, R	, nmpm., Canyon Lar	Pool
	10 Ar	riba		County. Date Spudded	10-16-56 Date Drilling	Completed 10-28-58
	Please inc			Elevation 8500	Total Depth 2195	PBTD
D	C	В	A	Top Oil/Gas Pay	Name of Prod. Form.	
		-		PRODUCING INTERVAL -		
E	F	G	H	Perforations 200	3 To 2172 Depth	Depth
	•	"	"	Open Hole	Casing Shoe 2103	Tubing 2169
	ļ	<u> </u>	 -	OIL WELL TEST -		Choke
L	K	J	I	Natural Prod. Test:	bbls.oil,bbls water	
L				Test After Acid or Fracti	ure Treatment (after recovery of vo	lume of oil equal to volume of
M	N	0	P	load oil used):	bbls,oil,bbls water in	Choke hrs, min Size
				GAS WELL TEST -		
9907	/S 11	907/	•		MCF/Day; Hours flowed	Choke Size
Tubing	Casing	and Ceme:	nting Reco		, back pressure, etc.): Lack	
Sia	ne	Feet	Sax		ure Treatment: 627	
	. 2	190	· · · · · · · · · · · · · · · · · · ·	Choke Size 4750 Metho	od of Testing: Flowed Strot	igh f.C. choke.
-		+			nt (Give amounts of materials used,	such anid water, oil, and
7	7 2.	193		Acid or Fracture Freetmen	O11 & 40 000 sand.	/all.TIVLD
				Casing Tubing	Date first new oil run to tanks	0.1059
-	1	50 S4	oks.	-	oil run to tanks	MAY 1 G 1958
		ļ		Oil Transporter	aso Natural Gas Go.	OIL CON. COM.
Remark				Gas Transporter		DIST. 3
Kemari	KS:		••••••••			
	************	•••••••	•••••		1444	
T 1			······································	ormation given above is tr	ue and complete to the best of my l	knowledge.
Approv		MAY	1 6 195B	, 19	A.D. Gertany	
Approv	ea		***************************************		(Company o	or Operator)
	OIL C	ONSER	VATION	COMMISSION	By:(Sign	
,)mirei	1 C:			(-0	ment C /
By: Original Signed Emery C. Arnold					TitleSend Communicatio	ns regarding well to:
			or Di st. #		Well Production Company	
					Mame	
					AddressFARMINGTON, N	Als a statement of the

the state of the s	TRICT OFFICE
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V. S. G. S	
Fransporter	
File	

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