## NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

## REQUEST FOR (OIL) - (GAS) ALLOWABLE

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

				••	(Place)	•••••••••••	Ventue	(Date)
San Ji	uan Gas Co	proration	n	Federal	R A WELL KI	23-1A	, in . SW	
(Co	mpany or Ope	rator)	SIN	(Lease)		Wildcat		Poc
	****							
Rio A	rriba		County. Date	Spudded	11-3-58	Date Dri	Lling Completed	11-8-58
Pleas	se indicate lo	cation:	Elevation	33 <b>3</b> 6		of Prod. For	Picture	d Cliffs
D	C B	A	PRODUCING INT	ERVAL -				
			Perforations_	33 <b>36-</b> 33	48; <u>3364-33</u> "	<b>70; 3380-</b> :	3398	
E	F G.	H	Open Hole	None	D <del>e</del> pt Casi	ng Shoe <b>3</b>	Depth Tubii	ng3357'
<del>-  -</del>	KJ	I	OIL WELL TEST					Choke
L	A   "							rs,min. Size_
м	N O	P						equal to volume of Choke
					015,011,	DDIS Water	nrs,	min. Size
2000	7 750017	<u>                                     </u>	GAS WELL TEST					
1800'	N, 1700'E		Natural Prod.	Test:	MCF/	Day; Hours fl	owedCh	oke Size
ubing ,Cas	sing and Come	nting Record	Method of Tes		back pressure, e			
Size	Feet	SAX	Test After Ac	id or Fractur	e Treatment:	469	MCF/Day; Ho	urs flowed 3
8 5/8	121'	100	Choke Size3	/4" Method	of Testing:	Calculat	ed A.O.F.	
5 1/2	3430'	170						id, water, oil, and
	1	,	sand): 30,	OOO gal.	water & 30,	t new	· · · · ·	
			Press. 726	Press. 7	26 Date firs	o tanks		
1 1/4	3357'		Oil Transport	er			CCU	1/20
<u> </u>	ולכנ		Gas Transport	er Kl Pa	so Natural	Gas Compa	ov/KEPP	Arn /
marks:		••••••••••		••			JAN1	3 1959
		•••••	***************************************		••••••	·····	_ \ _~uCC	W. CCITY
						a sha bass of	my knowlada	ST. 3 /
I here proved	by certify the	at the infor L 3 19 <b>59</b>	mation given a	above is true	and complete to	o the best of a Gas Corp	oration	
hiosea		•••••••	••••••••••	, *********************************	op 0	(Compa	my or Operator)  D L. S. OBE	RLY.
OIL CONSERVATION			COMMISSIO	N	By: UK.G.	HAL SIGH	Signature)	
Ori	ginal Sign	ed Eme	ry C. Arno	ld	Title Agent	•		
Supervisor Dist. # 3				*************	Sen	id Communic	ations regardin	
ile	-upervisor	Dist. # 3	*		NameE.	. S. Oberl	<b>y</b>	
							rmington, l	
					Address	. <b> </b>		

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