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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.

				·		(Plac		ke Cit	y, Utal	h	24-61 (Date)	
WE AR	E HERI	EBY REG	QUESTI	NG AN ALLO	WABLE F	FOR A WEI	LL KNO	WN AS:	:			
Gulf (	Compan	rporati	on	Apache	Federa	1, We	ell No	10	, in		/4SE	
Uali	Totter.										Pool	
Rio	Arriba	<b>A</b>		County. Dat	e Spudded	11-1-60	<b>0</b>	Date Dr	illing Ca	mpleted	11-18-60	
Please indicate location:			Elevation	DF 6486	<u> </u>	Total D	Depth		brid	6733' Dakota		
D	C	В	A	PRODUCING IN	ERVAL -							
E	F	G	Н			ed @6587';	"Denth			Depth Tubing	6580 <sup>†</sup>	
L	K	J	I		Test:						Choke min. Size	
M	N	0	P								ual to volume of Choke min. Size	
Siz	<del>-</del>	and Gemen Feet	· · · · · · · · · · · · · · · · · · ·	Test After A	cid or Frac		nt:	1808	MCF/	Day; Hours	flowed 3 hrs	
8- 5½	5/8 1 59	93.86 52.14	175 221	sand): 33	500 gal	wtr treat	ed w/l	ca c	<u>* 34/</u>	gal Jey	water, oil, and 8 and 34000#	
51	-  -	50.11	110			g Dat •oil		anks			and the same of th	
		567	<u> </u>			Paso Natu		s Co.		Aff		
										FEB	27 19-1	
I 1	hereby c	ertify tha	at the inf	ormation given	above is	true and com	plete to t	he best o	f my kno	wielige	2014 - 5277 / 2014 - 3	
Approv	red			ormation given	, 19	<b>.</b>		(Com	pany or C	perator)	a graph of the control of the contro	
OIL CONSERVATION COMMISSION						Ву:	By: T. A. TRAKenature)					
By: Original Signed Emery C. Arnold						Title	Title Area Production Manager Send Communications regarding well to:					
Title Supervisor Dist. # 3						Name.	Gulf	O11 C	orporat	tion. Pr	od. Dept.	
						Addre	ss. Box	1346,	Salt L	ake City	, Utan	

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