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

				(Place) (Date)	77
			•	ING AN ALLOWABLE FOR A WELL KNOWN AS:	
ķr	(Comp	reduct any or Op	tion Co	C.P. State, Well No], inSE/4	!/
				, T24N, R6w, NMPM.,BallardPicturedCliffe	
•	• -				
		ndicate l		Elevation 6666 Total Depth 2526 PBTD 2176	y
			ocauon.	Top Oil/Gas Pay 2456 Name of Prod. Form. Pictured Cliffs	
D	C	В	A	PRODUCING INTERVAL -	
			1	Perforations 2156 to 2176 w bepth shots per ft. Depth	
S	F	G	H	Depth Depth Open Hole Casing Shoe 2575 Tubing 2 77	
				OIL WELL TEST -	
L	K	J	I		hoke
				Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume	_
M	N	0	P	Choke load oil used):bbls.oil,bbls water inhrs,min. Size	
				GAS WELL TEST -	
		!		Natural Prod. Test: MCF/Day; Hours flowedChoke Size	
5 h	-	102 525	150	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil,	
2 3	/8 2	472		sand): Fractured with 30,000 gal water and 20,000 # S Casing Tubing Date first new	نعا
				Press. 600 Press. 600 oil run to tanks	
				Gas Transporter R1 Page Matural Gas Co. Office	$\overline{}$
nark	:			Cas Transporter RT PARS HARDEN (KLULIT LU	T
•••••				MAY 7 1959)
			***************************************	OIL CON COM	J
11	ereby	certify th	at the info	formation given above is true and complete to the best of my knowledge. DIST. 3	/
				19 Sentral Production Co.	
				(Company or Operator)	
				N COMMISSION By:(Signature)	
				ery C. Arnold Jay J. Harris Title Geologish	
				Send Communications regarding well to:	
e	- July	TIVISOR D	ist. # 3	NameJayJ	
				Addres 601 Ridgeerest Dr. SE. Albuq.	_ 1
				ACCTEM.实实会	_

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