NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

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

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TE AOE	UPDED	ע פב∩ו	TESTIN	G AN ALLO	WARIF FO	(Place) OR A WELL KN	OWN AS:		(Date)
						Well No		in 355 1/	1/4
(1	Company o	r Operato	T)		(Lease)		•	
e	,	Sec	1	T. 34W	, R	, NMPM.,	South 11	anso FC	Pool
	Letter Annel ha			County Do	6	1-4-60	Date Delli	ing Completed	1-10-60
						Total			
Pi	ease indic	ate locat	ion :	Top Oil/Gas	Pay 3830	Name	of Prod. Form.	Pictured Cl	itts
D	_ C	В	A	PRODUCING IN	TERVAL -				
	X			Perforations	2220-22	66			
E	F	· G	H	Open Hole		Depth Casin	ng Shoe	Depth Tubing	
				OIL WELL TES	<u>ı </u>				 .
L	K	J	I	Natural Proc	i. Test:	bbls.oil,	bbls wat	er inhrs,	Choke min. Size
		·		Test After A	cid or Fractu	ure Treatment (afte	er recovery of	volume of oil equ	al to volume of
M	N	0	P	load oil use	ed):	bbls.oil,	bbls water i	nhrs,	Choke _min. Size
		l	1	GAS WELL TES	<u> </u>				
					_	MCF/I	Dav: Houre flow	ed Choke	Size
ubina (Casing and	Comentiz	a Record			, back pressure, et			~~~
Size	Fo		Sax		-	ure Treatment:			flowed & bee
						od of Testing:		-	Trowed 5
8-5/8	100.1	•	0	Choke 512e	ine Circ	od of resting.			
2-7/8	3393.	5 10		Acid or Frac	ture Treatmer	nt (Gi ve amounts of	materials use	d, such as acid, w	water, oil, and
				sand): 25	.000 pale	TT A 25,000	# 20-40 m	MA POPUL	
		1		Casing Press.	Tubing Press	Date first oil run to	tanks	10111V	
_				Transpor	rter 🔼	Pago Hatural	See Course	LILUL!	And day
								JAN 25 1	960
emarks								OIL CON. C	::: XXX /
				***************************************		····	***************************************	L DIST. 3	
						***********************			<i></i>
I he	rehy certi	fy that t	he infor	mation given	above is tru	ie and complete to	the best of m	y knowledge.	
nnrowe.	,	_,	JA	N 2 5 1960	19	.	MUTTIN A AL		
pprove	u		•••••••	••••••	,		(Compan	y or Operator)	
	OIL CO	NSERV <i>A</i>	ATION (COMMISSI	ON	Ву:	(Si	ignature)	I. H. Johnston
Or	iginal :	igned	Emery	C. Arno	á	Tide Pas	rtner		
y: Original Signed Emery C. Arnold Supervisor Dist. # 3						I ITIP		tions regarding w	
itle	************	•••••				NOR Att	THE THE PART OF THE	Suction Coap illing	,
						Name	Simme Bld	8.	
	•					Address 415	MENOTENO	I. I.	

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