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NEW SIEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

REQUEST FOR (BEE) - (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 reported on 15.025 psia at 60° Fahrenheit.

					••	Albuque rque (Place)	o, New	Mexic	12	(Date)
E ARE	HERE	EBY RI	EQUESTI	NG AN ALLOW	VABLE FOI	R A WELL KN	IOWN AS	:	A. Pera	•
V 844 . I	Company	v or Ope	rator)	iates, Inc.	(Lease)	, Well No	1-28	, in	NE /	NW.
				т. З4N ,		NMPM.	Devils :	Fork F	Ext.	D.
Rio	Arrib	9		County. Date						
Ple	ease ind	licate le	ocation:			. Total				
D	С	В	A	Top Oil/Gas Pay	y 3403	Name	of Frod. Fo	rm.	Gellab	· · · · · · · · · · · · · · · · · · ·
_	x			PRODUCING INTER					•	
				Perforations_	5462-547	8' w/4 SPF				
E	F	G.	H	Open Hole		Depth Casin	g Shoe	5579	Depth Tubina	5471
				OIL WELL TEST			~			
L	K	J	I							Chok
						bbls.oil,			_	
M	N	0	+ p			Treatment (after			•	. .
•	• •		1 1	load oil used):	bb	ls.oil,	bbls water	r in'	_hrs,	min. Size
				GAS WELL TEST -	•				,	
-				Natural Prod. 7	Fact:	MCF/Da	our Hours f	lawad	Challe C	•
uhing C	Sasing a	nd Cemer	nting Recor			ack pressure, etc		10#60	Ciloke	.126
Size		feet	Sax							•
				1		Treatment: 63		MCF/	Day; Hours f	lowed
8-5/	8	202	125	Choke Size	Method	of Testing:	CHOL	··-	 	
			150	Acid or Fractur	e Treatment	(Give amounts of	materials u	ised, such	as acid	ter oil, and
4-1/	<u> </u>	579	150	1		19,020 gals				
2-3/		471	tubina	Casing 1842	Tubing	Date first oil run to	new		7 KLU	TVFN
8-01		-	tuoun	Press.	Press.	oli run to	tanks		1140	
	- [Oil Transporter					DEC 1	4 1960
		}		Gas Transporter	El Pas	o Natural G	rs Co.		OIL CO	N. COM.
marks:		••••••	·······	, , , , , , , , , , , , , , , , , , , ,				************	ייום ייי	7 3
			•••••	••••••						
		•••••		***************************************						
Î her	reby cer	tify tha	t the info	rmation given ab	ove is true	and complete to	the best of	my know	ledge.	
	MAR 1	-							sociate	Inc.
protec		••••••			.,			any or Op		
(מוני ככ	MCED	VATION	COMMISSION		Bu:	~° (Ca	medr	
	OID OC	/143EK	AVITON	COMMISSION		DY	/	Signature)	***************************************
. O-	idinal	Sion	ed Emo	ry C. Arnold) Pa	Title	Geolo	•		
					***********	Send Communications regarding well to:				
tle .Sup	ervisor	Dist. #	4 3	```						
						Name. Val				
				-		Address Lob	by of St	mms I	31dg. , A1	bu que rau