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NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWARLE



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.

				Albuquerque, N. M. Sept. 16, 1963 (Place)
WE AR	E HERE	BY REG	QUESTI	NG AN ALLOWABLE FOR A WELL KNOWN AS:
	Harol	1.0.1C	onnor.	Jean Read-Fed, Well NoI, in Sp. 4. Sw. 4,
Lett	er N	, Sec		, T. 26. N, R. I. E, NMPM., Undesignated Pool
). a		County. Date Spudded. 5 17-1963 Elevation 7214 grd Total Depth 2781 PBTD 2327
Please indicate location:				
D	C	В	A	Top 0i1/Gas Pay 2190 &2272 Name of Prod. Form. Sanostae & Carlisle PRODUCING INTERVAL -
E	F	G	H	Perforations Depth Depth Open Hole 2173 - 2327 Casing Shoe 2173 Tubing 2290
L	K	J	I	Swabbed Approx.7 B.O.PdD. No bbls water in 24 hrs, 0 min. Size
M	N	0	P	Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used): bbls.oil, bbls water in hrs, min. Size
		<u> </u>		GAS WELL TEST - Well makes very slight amount of gas T.S.T.M. Natural Prod. Test:MCF/Day; Hours flowedChoke Size
	(Foor	AGE) and Gemen Feet	ting Reco	Method of Testing (pitot, back pressure, etc.): Test After Acid or Fracture Treatment: MCF/Day; Hours flowed Choke Size Method of Testing: Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and
				Casing 20# Tubing Date first new oil run to tanks Augusar 1965 Oil Transporter Mc Wood Corp.
Remai	rks: W.6	ll is	s.shut	Gas Transporter None SEP 2 3 1963 in OIL CON. COM. DIST. 3
	1			formation given above is true and complete to the best of my knowledge.
Appro	vedSEP	∠ 3 196	is the mi	Harold O' Company or Operator)
	Original	Signed	By	N COMMISSION By: Standed C Annual C (Signature) Operator
•	A. R. K PETROL			Send Communications regarding well to: R DIST. NO 3 Name Harold O. Connor
THE.	••••••	•••••••	••••	300 Carlisle, Albuq. N. M