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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.

			st be reported on		Farmington, (Place)	New Mexico		11-6-62 (Date)
		_	ING AN ALLOV					
	DOLL CON		Br	eech "C" (Lease)	, Well No	D-389 , in	NW	SW 1/4
L	, Sec	•	, T. 26N	•	, NMPM.,	Basin Dal	cota	Poo
Unit Latt	er							
			County. Date		7-4-02 Total D			
Picase	indicate l	location:			Name of			
D C) B	A	PRODUCING INTE			•		
					7576			
E I	° G	H	Perforations_		Donth	7727	Depth Tubing 7	360
- {					Casing	Shoe //~/	lubingf	
. F	J	I	OIL WELL TEST					Choke
			Natural Prod.	Test:	_bbls.oil,	bbls water i	nhrs, _	min. Size_
O N	0	P			Treatment (after	•	•	Choke
• •	' "	*	load oil used)	: bb:	ls.oil,	bbls water in	hrs,	min. Size
			GAS WELL TEST	-				
/=	OOTAGE)		- Natural Prod₊	Test:	MCF/Day	; Hours flowed _	Choke S	Size
bing ,Casi	ng and Ceme	enting Reco	rd Method of Test	ing (pitot, b	ack pressure, etc.):		
Size	Feet	Sax	Test After Aci	d or Fracture	Treatment: CAOF	13.053 MC	F/Day; Hours	flowed 3
700/	0/3	200	Choke Size 3/	4 Method	of Testing: On	e Point Back	k Pressure	
10 3/4	261	200	 					oter oil and
4 1/2	7727	820	Acid or Fractu sand): 160	re Treatment (. 000# sand	Give amounts of mand 212.674	gallons wat	en as acid, w	ater, oil, and
					Date first no			
2 3/8 7360								
]	1		o Natural Gas		ZATIVA	
		<u> </u>			en Union Gas		othitiv	10\
narks:		••••		······································			Line marin	003
	•••••••	••••••	******				MONe.	Hot.
						<u></u>	೧೩೬೭೦ಁಁಁ	**************************************
I hereby	certify th		ormation given a		and complete to the	ne best of my known	owiedke'	
proved		·····		, 19	Caulkins	Company or	Operator)	••••••••••••••••••••••••••••••••••••••
	001105	N 1 1 4 T 1 C 1 1		τ.	B 6 1/2	July /	lean	eleker
			COMMISSION	4	Dy :	(Signatu	ire)	
Original Signed By A. R. KEINDRICK					Title Production Foreman			
					- 1.0	Communications	remarding we	
	DOLEHE	LEMOINS	FER DIST NO	्र			regarding we	eli to:
	ROLEUM	I ENGINE	ER DIST NO	3		ik Gray		eli to: