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.

				Farmington, New	Mexico	
****	TIPDPNV P	eouesti.	AC AN ALLOWANTE PO	(Place)	AC.	(Date)
			NG AN ALLOWABLE FO Lion Company Jicar			., NE .,
(Company or Operator)			(Lese)	, Well No	, in	/4/4,
H Sec. 18			T 25ellx R 4ell	NMPM Tapaci	ito Pictured Cli	ffs Pool
Unit L	atter					
Mo Arr	108		County. Date Spudded	(=23=02 Date	Drilling Completed	9-20-02
Please indicate location:			Elevation 0/10 G	Total Depth_	/YI) RAD PBTD	4000
	C B		Top 3380	Name of Prod	. Form. Pictured C	liffs
"		^	PRODUCING INTERVAL -			
			Perforations 3380	to 3400		
E	F G	● H	Open Hole None	Depth Casino Shoe	7905 RKB Depth	3365 RKB
	18					· · · · · · · · · · · · · · · · · · ·
L	KJ	ī	OIL WELL TEST -			Choke
			Natural Prod. Test:	bbls.oil,b	bls water inhrs	s,min. Size
- 12		+ -	Test After Acid or Fractus	re Treatment (after recov	ery of volume of oil e	equal to volume of Choke
M	N O		load oil used):	bbls,oil,bbls	water inhrs, _	min. Size
			GAS WELL TEST -			
			Natural Prod. Test:	MCF/Day; Hou	rs flowed Chol	ke Size
Subing Co	asing and Com	nting Recor				
Size Feet San			Test After Acid or Fractu	· · · · · · · · · · · · · · · · · · ·		rs flowed 3
			7 .			
10-3/	4 2961	175	Choke Size 3/4" Metho	# °= 1005 mcFFD	JHIC DALK TIEES	TE CEEC C-TEE
2 5/8	9 2679 EO	1038 cu.ft.	Acid or Fracture Treatment	t (Give amounts of materi	als used, such as acid	d, water, oil, and
7-5/8" 3672.50 cu.ft		sand): Sand-Water f	rac w/40,000# 20-	O sand and blice	000 Gal. water.	
5-1/2	4398.43	750 rt.		Date first new		_
ļ		en*10	Oil Transporter New			and the same of th
1-1/2	* 33541	Tbg.	Gas Transporter So	uthern Union Gas (Company /OF	-11/2
Remarks:			Gas Transporter		/ illu	
Remarks:	••••••		***************************************		Nous	4000
		••••••	••••••		1-199	135.
				and complete to the he	et of my knawledge	N. COM./
I her	eby certify the	nat the info	ormation given above is tru	SOUTHERN UNION	PRODUCTION COM	PANY
Approved.	<u>8</u>	13704	, 19		Company or Operator	• 8
. (DIL CONSE	RVATION	COMMISSION	By: L. S. Muen	of (\ \\\\\	, Carried
_ 0	riginal Sig	ned Em	ery C. Arnold	Title Area Super	` •	
Б у:			***************************************	Send Com	munications regarding	well to:
TitleSi	pervisor Dis	t. # 3			k 808, Farmingto	
				Name		

Address....

SANCA FE
HELD
TRANSPORTER
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GAS A ALSOICE OIL GAS PRODUCTOR OFFICE