

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

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 QUADRUPPLICATE 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.

AZTEO, N.M. Oct. 18, 1960
(Place) (Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

INTERNATIONAL OIL Co. Well No. 4 - 17, in N.W. 1/4 S.W. 1/4,
(Company or Operator) (Lease)
L, Sec. 6, T. 26N, R. 7W, NMPM, BLANCO MESA VERDE Pool
Unit Letter

RIO ARRIBA County. Date Spudded 9/28/52 Date Drilling Completed 9/13/60
Elevation _____ Total Depth _____ PBD _____

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

Top Oil/Gas Pay _____ Name of Prod. Form. _____

PRODUCING INTERVAL -

Perforations _____
Open Hole _____ Depth _____ Depth _____
Casing Shoe _____ Tubing _____

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Choke Size _____
Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Choke Size _____

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Tubing, Casing and Cementing Record

Size	Feet	Sax

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 sand): _____

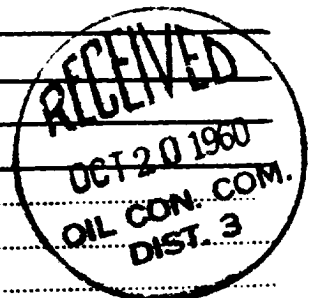
Casing _____ Tubing _____ Date first new _____
Press. _____ Press. _____ oil run to tanks _____

Oil Transporter _____

Gas Transporter _____

Remarks: _____

MOVED IN SWABBING UNIT. CLEANED OUT WELL. PUT BACK ON PRODUCTION



I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved OCT. 20 1960, 19_____

INTERNATIONAL OIL Co.
(Company or Operator)

OIL CONSERVATION COMMISSION

By: *B.H. Keyes*
(Signature)

By: Original Signed Emery C. Arnold

Title: AGENT
Send Communications regarding well to:

Title Supervisor Dist. # 3

Name: B.H. KEYES

Address: Box 842 AZTEO, N.M.

STATE OF NEW MEXICO		
OIL CONSERVATION COMMISSION		
AZTEC DISTRICT OFFICE		
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