## 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 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. Cas must be reported on 15.025 psia at 60° Fahrenheit.

Farmington, New Mexico

					(Place)			(Date)
E ARE I	HEREBY	REQUESTI	ING AN ALL	OWABLE FO. B <b>reech</b> (E	R A WELL KNO  Well No D-	WN AS: <b>-83</b> :_	NW ,	, se
Company or Operator)  (Company or Operator)  (Sec			<sub>T</sub> 26N	(Lease) 6W	NMPM South	a Blance D	a <b>ket</b> a	γ
o Arri	etter ba		County T	)ate Smudded	6-15-53	Data Drilling	Completed	7-28-53
Plea	se indicat	te location:	Elevation	731.2	<b>6-15-53</b> Total D	<b>7452</b> epth	FBTD	
D	C	B A	Top Oil/Gas	s Pay	Name of	Prod. Form.	Jakota	
				7200 t	o 7428		٠	
E	F	G H	Open Hole	none	Depth Casing	7452 Shoe	Depth Tubing	7273
L	K	J I		=	bbls.oil,	hhìs water i	n hre	Choke
					e Treatment (after			al to volume of
М	N	0 P			bls,oil,	bbls water in _	hrs,	Choke min. Size
					eliverability		24	3/4
•		Cementing Reco	ord Method of	Testing (pitot,	MCF/Day	): Southern	Union Gas	Co. Meter
Sire Feet Sax 10 3/4in.470 175		Test After Choke Size	Acid or Fractur  1 1/4  Method	re Treatment: 70	nern Union	CF/Day; Hours Gas Co. Me	flowed	
7 in.	7506	200	Acid or Fra	acture Treatment	(Give amounts of ma	aterials used, s	uch as acid,	water, oil, and
2 in.	7273		sand): 16	OO Tubing 1	600 Sets fixed and oil run to the	Gas to li	10-21-	58
			Gil Transpo	FT Paso	Natural Gas Pi	roducts Com	pany	
				Southern	Union Gas Con			
emarks:	ett nor	on State	November 1	illty Test.	Condition in November 18	- October	24, to Not	rember 8 th
70W WO	Demoet.	5 WI. (4	Movembel, T					
				n above is true	and complete to the		ا معالیده	
proved		' <b>16</b> 1 28	1920	, 19		(Company or	Operator)	The second second
			N COMMISSI		By:Field S	(Signat Seent	ure)	,
y: Original Signed Emer Supervisor Dist. #			‡ <b>3</b>		TitleSend C	Communications	s regarding w	rell to:
					NameP. 0.			

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