NI FR OF COP ... PRECEIV D CISTRIBUTION BA A FF FILE U.S.G.3 LAND OFFICE TRANSPORTER GAS PRORATION OFFICE OPERATOR

NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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.

						Farming (Place)	Farmington, New M			-63 (Date)	
E ARE	HEREI	BY RE	QUESTI	NG AN ALLO	WABLE FO	R A WELL K	NOWN AS	S:	NW .	, S₩	
(C	ompany	or Oper	ator)		(lasse)	Well No					
L Unit 1		., Sec	5	T 26 N	, R 6 W	, NMPM.,	South B	lanco To	ocito	••••••	Pool
				County. Da	te Spudded	3-8-63	Date D	rilling Co	mpleted	3-26-6	53
	ase indi			Elevation	6668	Tota	al Depth	0870	PBTD	9007	
D	C	В	A			Name	e of Prod. F	orm. I	007.00		
				PRODUCING IN		and 6858-6	d. I. ner	foot			
E	F	G	H			Dept Casi	+ h		Depth Tubina	THI	6820
				OIL WELL TES			g				
L	K	J	I		=	bbls.oil,	bbls	s water in	hrs,	min.	Choke Size
-	-			Test After A	cid or Fractur	re Treatment (af	ter recovery	of volume	of oil equ	ual to vol	ume of
М	N	0	P	load oil use	d): 26 b	obls,oil,	bbls wat	ter in <u>24</u>	hrs, 0	Cho min. Size	<u>" 32/</u> 6
				GAS WELL TES	<u> -</u>						
925 FS	IL and		PWL	_ Natural Prod	. Test:	MCF,	/Day; Hours	flowed	Choke	Size	
•	asing a	nd Cemer	ting Reco			back pressure,					
Size	- F	· · · · · ·	SAX	7		re Treatment:					
10-3/	46	5	300			d of Testing:	_, <u></u>				
7"	689	00	50 0	Acid or Frac	ture Treatment 000# 20-40	Give amounts	of materials	s used, suc	h as acid, ocito c	water, oi rude oi	l, and
2-7/8						Date fir oil run					
2-1/0	002	+				so Natural (
]		so Natural (/ (THY	77	
Remarks:	Co	rrect	ed repo						LULII		***
									UL1 1	963	
		***********							MC:	COM	
I he	reby ce	rtify the	at the inf	ormation given	above is true	e and complete Car	to the best ulkins O	of my kno L1. Combs	wledges .	3 /	
Approved	JUL :	1 150) 		, 19	_7		mpany or 2			
	OIL Co			N COMMISSIO	ON	By:	carl	(Signatur) Na	J	
Ву:	\. R. F	KENDI	RICK			Title Su	end Commu	inications i	regarding		
Title .PE	FROL	FUM (ENGINE	ER DIST, NO). 3	Name Fr	ank G ray x 7 80. F		on. New	Mexico	