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NEW MEXICO OIL GONSERVATION COMMISSION Santa Fe. New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWARLE

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. Can must be reported on 15.025 psia at 60° Fahrenheit.

			•	Denver Colorado				January 28, 1964 (Date)		
			OUTETIN	C AN ALLOWARIE	(Place)	NOWN AS:	•	(Date		
WE AR	E HEI	REBY RE	QUESTIN	G AN ALLOWABLE I	Wall No	3_2	in NE	ız NF	. 1/4	
Cons	(Comp	ANY OF ODER	abor)	Inc. Hu	use }					
	A	, Sec	2	T. 26 N, R 4V	., NMPM.,	Tapacit	0	·····	Pool	
Umil	. Latter									
				County. Date Spudded	<u>II.I./.Ω.2</u> B Tota	l Depth 6	7330 PB	6297	./.2/	
F	Please indicate location:			Top Oil/Gas Pay 401						
D	C	В	A	PRODUCING INTERVAL -			•			
			0	Perforations 4010-	-66. 4076-85					
E	F	G	H	Open Hole	Dont	· h	Dept Tubi	h ng 4002		
				OIL WELL TEST -		· · · · · · · · · · · · · · · · · · ·		<u></u>		
L	K	J	I	Natural Prod. Test:	bble oil.	bbls w	ater in h	rs. min	Choke Size	
				Test After Acid or Frac						
M	N	0	P	load oil used):				C in	OK •	
	L			GAS WELL TEST -		/n !! £1	owed Ch	oka Cisa		
(FOOTAGE)				Natural Prod. Test: MCF/Day; Hours flowed Choke Size Method of Testing (pitot, back pressure, etc.):						
Sire Feet Sax										
317				Test After Adid or Frac						
12-3/4 306 250			250	Choke Size 3/4 Met		· · · · · · · · · · · · · · · · · · ·				
	5/8	4222	260	Acid or Fracture Treatm	ment (Give amounts o	of ma erials u 9.700 gaj	sed, such as ac s. water	id, water, o	il, and	
				Casing Tubing Press Press	Date fire	t new				
1	-	4002		Oil Transporter L	a Mar Trucki	ing. Inc.				
		1		Gas Transporter S	outhern Union	Gas Inc.	6	FILM	1	
				Gas TransporterS	Guilern Gillor		/ K	LULIYI	D	
Remark	ks:					******	E	EB:3***19		
	••••••									
				rmation given above is	mie and complete	to the best of	my knowledge.	. COM. C	OM.	
II	hereby	certify tha	it the inion	, 19	Consol	Tuateu Ur	Y . 'CK 771'CA 752 - 174 17			
Approv	edF.F	D O IS	97	13		(Comp	any or Operator)			
	OIL	CONSER	VATION	COMMISSION	Ву:	L DHL Da	(Signature)	a		
				· •	Chi	•	•			
Ву:	r igin	al Signe	d Emer	y C. Arnold	Se	nd Communi	cations regardi	ng well to:		
Title Supervisor Dist. #.3					Name W. H. Williams					
					Address41	50 E. Me	xico Ave.			