NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

REQUEST FOR (GAS) ALLOWABLE

New Well

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.

					Men Merico 12-22-31
	************************	OUDOTI	NIC AND ATTOMATE	(Place)	(Date)
EARE I	HEREBY RE	QUESTI Producti	ng an allowable	FOR A WELL KNOWN	AS:
	mpany or Ope	rator)	(1	, Well No	in 1/4 100
D	Sec	7	T. Sey R.	NMPM., Tapac	nitp SC P
			County. Days Spude	Gr grad	PBTD PBTD
Plea	se indicate lo	cation:	Elevation	788	d. Form. Pictured Cliffs
D	C B	A	Top Oil/Gas Pay	Name of Pro-	d. rorm.
X			PRODUCING INTERVAL -	786-3830, 3637-3641	
			Perforations	100-2020, 2001-2004	Parada
E	F G	H	Open Hole	Depth Casing Shoe	Depth 3798 Tubing
			OIL WELL TEST -		
L	K J	I		hhle ett	Cho bbls water inhrs,min. Siz
		1.			
M	N O	 p 			very of volume of oil equal to volume Choke
Fi	" "		load oil used):	bbls,oil,bbls	water in hrs, min. Size
			GAS WELL TEST -		
			Natural Prod. Test:	MCF/Day; Ho	urs flowedChoke Size
ıMnø Ge	sing and Geme	nting Reco		itot, back pressure, etc.):	
Size	Feet	Sax			
	1		Test After Acid or F	racture Treatment:	nety bay, Hours 110wed
8-5/8	121.10	100	Choke Size	Method of Testing:	
\$-1/Z	2074.72	150	Acid or Fracture Trea	stment (Give amounts of mater	ials used, such as acid, water, oil, a
			[sand):.	,100 gals water & 35	
1-1/4	2776,20		Casing Tubi	ing Date first new ss•oil run to tanks	
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	ļ ļ		Ull Transporter_	Waiting on pipe lin	
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:marks:.		•••••	***************************************	***************************************	••••••
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• • • • • • • • • • • • • • • • • • • •			***************************************	4	
I here	by certify th	at the infe	ormation given above is	s true and complete to the b	est of my knowledge. Production Corp.
proved.	DEC 26	1957	, 19		
-				RAY PHILLIP	Company or Operator)
C	IL CONSER	VATION	COMMISSION	Ву:	(Signature)
<u>~·</u>	at1 Ot a	ad Pass	mr C Amald	Angt. Mon	. Production Operations
, Ori	ginal Sign	ea rme	ery C. Arnold	I IT!P	munications regarding well to:
*41 -	Supervisor	Dist. # 3			
itle	#	//	1	Name	hnsten,
				Albustér	ene. N. N.

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to Pec	
: (2)	POP TON
	NO. Funitish
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State Land Office	
U. S. G. S.	
Transporter	
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