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NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe. New Mexico

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

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.

				(mington, Place)		ico	Novemb	(Date)	964
		-	NG AN ALLOWABL				in	NR:	1/4 NTC	1/4
(Co	mpany or Oj	perator)	(Lease)						,
Unit Lo	, Sec	12	, T 2 6 N , R 6	, NI	мрм.,]	Basin Da	kota		•••••	Pool
Rio Arri	ba		County. Date Spud	ded7-7-6	4	Date Drill	Ling Com	pleted	8-5-64	
Pleas	se indicate	location:	Elevation 6700!	-						
D C	C B	A	Top Oil/Gas Pay	456	Name of	Frod. Form	- Dake	ota		
		*	PRODUCING INTERVAL -	•						
E	F G	H	Perforations 71.56	70, 74 8 8-9	8, 7514-1	18 , 758 6	02,	7660-85 Depth	<u> </u>	•
		"	Open Hole none		Casing	Shoe 7	748	Tubing_	1 1 " 0 (
	77 T		OIL WELL TEST -						2# 6961-	
L	K J	-	Natural Prod. Test:	n bbls	oil,	bbls wa	ter in _	hrs,	min-	Choke Size
			Test After Acid or F	racture Treat	ment (after :	recovery of	volume	of oil eq		
M	N O	P	load oil used):	bbls,oil	,	bbls water	in'	_hrs,	Chok min. Size	
İ			GAS WELL TEST -							
(FOOTAGE)	PKT.	<u>-</u>						Si ze	
Sire	Feet	SAX	Method of Testing () Test After Acid or)						£) awa d	
9-5/8"	466	350	Choke Size 3/4"							_
5-1/2"	7748	1090	Acid or Fracture Tresand): 180,000#	atment (Give	mounts of ma	aterials use	ed, such	as acid,	water, oil	, and
			Casing Tub Press. 2400 Pre	oing ess. 2378	Date first ne	ew anks				
			Gil Transporter S					TOEH		
	<u> </u>		Gas Transporter S	outhern Ur	ion Ges	Company	-/5		YEL	
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			ormation given above							
Approved	MOV 3.0	1964	, 19.			Caulkins (Compar	ay of Op	erator)	<u> </u>	
O	IL CONSE	ERVATION	COMMISSION	By:.	Fran	uh)	ignature	ran	f	
_{sy:} Ori	ginal Sig	ined Em	ery C. Arnold	Title	S	Superint	endant		well to:	
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