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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.

					New Hextles		_	
E ADE HEDERV DECHIESTI			(Place) ING AN ALLOWABLE FOR A WELL KNOWN AS:				(Date)	
			Inc. Hevaj			WE	We	
(Cor	mpany or O	perator)	(L	Well No	0, 1	n	1/4	
A	Sec	: 2	T 25 North R 10	West , NMPM.,	Basin	********************	Pc	
Unit Lat	iter							
			County. Date Spudd					
Please indicate location:		Top Oil/Gas Pay						
D	C B	A		Nam	e of Prod. Form.	Destron	··········	
			PRODUCING INTERVAL -					
E	F G	H	Perforations655	8-6690	th	Depth		
- I	` ~		Open Hole	Cas	ing Shoe 6819	Tubing	6658	
			OIL WELL TEST -					
L	K J	I	Natural Prod. Test:	bbls.oil.	bbls water	in hrs.	Chol	
			Test After Acid or Fr			-		
M	N O	P	load oil used):				Choke	
					DDIS water in	nrs,	min. Size	
			GAS WELL TEST -					
(1	FOOTAGE)		Natural Prod. Test:	MCF	/Day; Hours flowed	Choke	e Size	
bing ,Cas		enting Reco	ord Method of Testing (pi	tot, back pressure,	etc.):			
Size	Feet	SAX	Test After Acid or Fr	acture Treatment:	234.8	ACF/Day; Hour	flowed 3	
0 5/0	263	3.60	Choke Size 3/4 M	Method of Testing:	ome point back	t pressure)	
8 5/8	403	150						
4 1/2	6819	325	Acid or Fracture Treasand): Sand and	tment (Give amounts of the County of the Cou	of materials used,	such as acid,	water, oil, ar	
	1100							
1 1/2	6658		Casing Tubi Press. 1930 Pres				ATT N	
			Cil Transporter	C tracking	- 1n/	and/		
	<u> </u>		Gas Transporter S	outhou Union	Gas Company	/K	LULLY	
marks:			Cas Transporter			f	NT 5 108 1	
		•••••					• • • • • • • • • • • • • • • • • • • •	
						\ UIL	. COM COM Dist. S	
I hereb	y certify ti		ormation given above is	true and complete	to the best of my k	nowledge.	J107, 3	
proved		JUN 1 5				ar Ther		
•			•		Company	Operator)	111	
OI	L CONSE	RVATION	COMMISSION	By:	smas //	/	p. jr.	
	0.40	god (* gera	and the literature of the continues and	<u>.</u>	(Signa	nurt)	-	
:				Title AFGA	Title Area Supertendant Send Communications regarding well to:			
Supervisor ਦੀਐਂਡ ਨੂੰ ਤੋਂ le				Name Consolidated 011 & Gas Inc.				
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