NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico



(Form C-104)

Recompletion

REQUEST FOR (OIL) - (GAS) ALLOWABLE

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.

					ington,	New Mexi	CO	10-26-(Date)
		_		VABLE FOR A W				
SON-MON	TIN-(IREI	KR DRII	LLING CORP.	JICARILLA,	Well No8	19 , in	SE	/4NE
	Sec			R, NI	мрм.,	Puerto C	hiquito.	F
Ri	o Arriba	1	County. Date	Spudded 6-7-6	4	ate Drilling	Completed	6-24-64
Please indicate location:		Elevation	7073' RKB	Total Dep	th3894	PBTD	3780	
D	C B	A	Top Oil/Gas Pay	y 29 48 ' RVAL -	Name of Pi	rod. Form.	Gallup	
E	F G	H		2948-30991,	Denth		Donth	
		x	Open HoleOIL WELL TEST -	-	Casing Sho	e 3803	Tubing_	2677
L	K J	I		Test: 30 bbls.	oil, O	_bbls water i	n 24 hrs,	O min. Siz
M	N O	P		d or Fracture Treatm			•	Choke
			GAS WELL TEST -	: <u>210</u> bbls,oil,	5 <u>50</u> 651	is water in	hrs, U	min. Size
	-			Test:	MCE/Days &	loure flound	Chalia	c:
Tubing Cas	ing and Cemer	nting Recor		ing (pitot, back pre				-
Sure	Feet	Sax		d or Fracture Treatm				
10-3/4	71	100	I	Method of Test				Trowed
7"	2929	250	Acid or Fractur	e Treatment (Give a	mounts of mate	rials used, su	uch as acid,	water, oil, a
5-1/2" liner	1158	100	sand): Casing Press.	195 BO, 11,0 1738 BO, 7 Tubing Press.	Sate first new oil run to tank	s 1	0-24-64	200,000
2-3/8"	3002	_		Shell				
	<u> </u>		Gas Transporter			 /	ATT 19	to 1
Remarks:							Lin	1964
							CO CO	N. 3
1 hereb Approved	OCT 2.7	t the info	rmation given ab	ove is true and co	ENSON-MO	FIN-GRE	SR DRILL	LINO COR
			COMMISSION		Ma	beet	P	rei
o Oridi	inal Siana	d Emer	y C. Arnold	Title		(Signatu V1ce-Pr		
						nmunications	*****	ell to:
Title Supe	rvisor Di st. 7	#.3		Name	Benson-l			
				Addr	158 Pe esParmin	troleum	Center	Buildin

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	OPERATOR

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