NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE.

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.

				(Place)	New Mexico	<u></u>	(Date)
E ARE H	EREBY R	EQUESTI	ING AN ALLOWABL	` '	OWN AS:		(2000)
		-	en Juan 27-			N.E. 1/2	8.W. 1/
(Company or Operator)				Lease)		/4	,
K	Sec.	28	T 27 N R	5 ₩ , NMPM., ^S	/ S.O. Blanc	o P.C. Ext	.•Po
Unit Lot	ter L						
10 AFF1	ba		County. Date Spud	ded 3-31-60	Dade Drilling	Completed :	4-11-60
Please indicate location:		Elevation 310	Total	Depth	PBID	5516'	
D I a	СТВ	T .	Top Dil/Gas Pay	Total Name of	of Prod. Form.	TCOMPG CI	****
		A	PRODUCING INTERVAL -			•	
			Parformation 3102.	·3203;3234-3244-3	252-3260		
E 1	F G	H		Denth		Depth	
			Open Hole	Casing	Shoe	Tubing	
		 	OIL WELL TEST -				
L 1	K J	I	Natural Prod Tost:	bbls.oil,	bble water i		Choke
1	K			*			_
M	N O	P	1	racture Treatment (after		•	Choke
" '	. .	*	load oil used):	bbls,oil,	_bbls water in'_	hrs,	min. Size
			GAS WELL TEST -				
1660 B	, 1600 V	1					
				MCF/Da	y; Hours flowed _	Choke S	1 ze
	ing and Ceme		3 .,	itot, back pressure, etc			
Size	Feet	Sax	Test After Acid or F	racture Treatment:	38	F/Day; Hours f	lowed 3
10 3/4"	162	210	Choke Size 3/4	Method of Testing:	lculated A.O	.F.	
20 3/4	302		-		~~~~		
7 5/8"	3344	122	i i	tment (Give amounts of	24		
			sand): 38,641 ga	1. water & 35,000	O F send	٠	
5 2 "	230 8	500	Casing Tubi	oil run to	new tanks		
2 m	5820		-				
1 1 "	3244			haso Matural Gas		DETTY.	
	Guibers	nn "Sleon	Gas Transporter E	Pase Matural Gas	- Company		
marks:				—	•••••••••••••••••••••••••••••••••••••••	CCL	
		•••••			•••••••••	RLLL	IAED /
I hereb	v certify the	at the info	rmation given above is	true and complete to t	the best of my kn	wied LN2	2 1960
a nerco	111N 272	1960	Erron above a	#1 Bas #-	tomas See Se	س سل	NL COM
proved	2011	······································	, 19		(Company or		
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OII Origi	JUN 2 2 CONSER	LVATION	COMMISSION COMMISSION	By: CRIGIN By: Petrol Send Name B.S.	(Company or AL SIGNED J.J. (Signature Engineer Communications	Operator) 17(5) TILLERSON are) regarding wel	T. 3