

NEW MEXICO OIL CONSERVATION COMMISSION																	
Santa Fe, New Mexico																	
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.																	
Denver, Colorado October 22, 1963 (Place) (Date)																	
WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:																	
Consolidated Oil & Gas, Inc. Champlin, Well No. 7-25, in SE 1/4 NE 1/4, (Company or Operator) (Lease)																	
H, Sec. 25, T. 27N, R. 4W, NMPM., Tapicito Pool Unit Letter																	
Rio Arriba County. Date Spudded 8/16/63 Date Drilling Completed 9/1/63																	
Please indicate location:																	
<table border="1"> <tr> <td>D</td> <td>C</td> <td>B</td> <td>A</td> </tr> <tr> <td>E</td> <td>F</td> <td>G</td> <td>H</td> </tr> <tr> <td>L</td> <td>K</td> <td>J</td> <td>I</td> </tr> <tr> <td>M</td> <td>N</td> <td>O</td> <td>P</td> </tr> </table>		D	C	B	A	E	F	G	H	L	K	J	I	M	N	O	P
D	C	B	A														
E	F	G	H														
L	K	J	I														
M	N	O	P														
(FOOTAGE)																	
Tubing, Casing and Cementing Record																	
Size	Feet	Sax															
12-3/4	303	275															
8-5/8	4345	224															
1"	4013																
Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____ Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____ GAS WELL TEST - Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____ Method of Testing (pitot, back pressure, etc.): _____ Test After Acid or Fracture Treatment: _____ MCF/Day; Hours flowed _____ Choke Size 3/4" Method of Testing: One Point Back Pressure Potential Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 100,000 lbs. and 74,880 gals. Casing Press. 1038 Tubing Press. 1038 Date first new oil run to tanks _____ Oil Transporter La Mar Trucking, Inc. Gas Transporter El Paso Natural Gas Company																	
Remarks:																	
I hereby certify that the information given above is true and complete to the best of my knowledge. Approved OCT 25 1963, 19_____ OIL CONSERVATION COMMISSION By: Original Signed Emery C. Arnold Title Supervisor Dist. # 3																	
By: _____ OCT 25 1963 (Signature) OIL CON. COM. Title Chief Engineer Send Communications regarding well to: Name W. H. Williams Address 4150 E. Mexico Ave., Denver 22, Colo																	