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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
PERSERBERREX

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.

						rarmingto	on, New 1	lexico		etoper 3	J, 196
					•••	(Place)			(Date)		
VE AR	e He	REBY RI	EQUESTI Gas Com	ING AN ALLOWAB apany Rincon	LE FOR Unit	A WELL	KNOWN 181	AS: in.	SW	NE NE	
G	(Comp	oany or Ope	erator) 22	, T. 27-N , R.	(Lease) 6-W	, NMPM	Ba	sin Dako	ta.	····	Pool
	. 8	•		County. Date Spu							
	Please indicate location:			Elevation 657 Top Oil/Gas Pay	OG		otal Depth_	7704	2000	c.o.t.d.	<u>766</u> 0
D	C	В	A	PRODUCING INTERVAL			ame of Floor	1011111	1430V 143	·····	
E	F	G	H	Perforations 746	0-64;7 ¹ None	4 80-34;75 1 De Ce	42-46;75 epth asing Shoe	76-80;75 7704	95-99;7 Depth Tubing	6 43- 49 7604	
L	K		I	OIL WELL TEST -							Choke
м_	N		P	Natural Prod. Test Test After Acid or	Fracture	Treatment (after recove	ry of volum	ne of oil e	qual to vol	ume of
4 74				load oil used): GAS WELL TEST -	bb	ols,oil,	bbls w	ater in	hrs,	min. Siz	*
155		1750'E		Natural Prod. Test	::	M	CF/Day; Hour	s flowed	Chok	e Size	
huhi ng	(Fo	OTAGE)	nting Reco								
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_	Sax	Test After Acid or						s flowed	3
9 5/	8"	320	210	Choke Size 3/4"	Method	cf Testing:_	Calcula	ted A.O.	F.		
4 1/	2"	7694	550	Acid or Fracture T	reatment allons	(Give amounts	s of materia 2.0 00 # s	ls used, su	ich as acid	, water, oi	i, and
2 3/	8"	7645		Casing Press. 2617 P	ubing ress.	2540 Date fi	irst new n to tanks				
				Gas Transporter	El Pas	o Natural	Gas Pro	ducts Co pany	mbenh.		
Remark	3:		,	Gas Transporter		***************************************			R	TEN	D
I b	nereby	certify th	at the infe	formation given above	e is true	and complet			************	0V2 19	ରି? ଚM. /
rbbrow				N COMMISSION		By: OFIGIN	(C NAL SIGNE	ompany or C D.H.E. Mc/	ANALLY		<u>/</u>
₹) 		KUNDR	1.10	***************************************		1 10 0	troleum	Engineer	•	well to:	
•				IT HET NO 3			Send Comm				
						AddressB	ox 990,	Farming	ton, New	Mexico	