NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

REQUEST FOR (XXXXX) - (GAS) ALLOWABLE

New Well

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)	PEXIE		groner Z	(Date)
			NG AN ALLOW					NE	1/4 NE 1/4
(Con	npany or Ope	rator)	•	(Lease)	·				
Net Let		14	., т2711,	R31	, NMPM.,	Blanc	o Mesave	rde	Poo
			County Data	Soudded	7-16-58	Date	Drilling C	cunleted	8-31-58
Rio Arriba Please indicate location:			Elevation	5 906	To	tal Depth_	6060	PBTD	6029
									averde
D (В	A	PRODUCING INTE						
	1039.				nd 4	Cota			•
E 1	P G	1039.1	Perforations				1010	Depth	
		1039.1	Open Hole		Ca	sing Shoe	6060	Tubing_	5986
			OIL WELL TEST	-					Choke
L	K J	I	Natural Prod.	Test:	bbls.oil, _	bi	ols water in	hrs,	min. Size_
			Test After Aci	d or Fracture	: Treatment (a	fter recove	ery of volum	e of oil ec	qual to volume of
M	1 0	P							Choke min. Size
			GAS WELL TEST						
		.	_ Natural Prod.	Test:	MC	F/Day; Hour	rs flowed	Choke	Size
tubing ,Casi	ing and Comer	ting Recor	rd Method of Test	ing (pitot, b	ack pressure,	etc.):			
Size	Feet	Sax	Test After Aci	id or Fracture	Treatment:	3221	MCF_	/Day; Hours	flowed3
			Choke Size 3	/ ∠ Method	of Testing:	Back	Pressure	<u> </u>	
10 3/4*	308	240	-						
7 5/8	3985	125							water, oil, and
1 7/0			sand): 102	350 gal	water and	77,500	# sand	2,500 s	2al 15% HCL
5 #	Top 3808	225	Casing Press.	Tubing Press	oil run	rst new to tanks			
	Bottom		Oil Transporte						·
5#	6060		Gas Transporte			et Pine	Line Cor	poration	n
	-					_			
emarks:								10	
•••••			•••••				***************************************	TAL	
			• • • • • • • • • • • • • • • • • • • •					1.00	
I hereb	y certify tha	t the info	rmation given a	bove is true	and complete	to the bes	t of my kno	wiedge	lander services
pproved		OG!	······	, 19	MAGNOLL			Derator)	
			-58		-/-		12 11 1		
OI	L CONSER	VATION	COMMISSION	V	By	LOI II	U.M.J.J.K Signatu	7	
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y: Ori	ginal Sigi	ied cm	ery C. Arno	•	TitleD1	serict G	unications	regarding	well to:
r.1 C	: D: #	2							
itle-2upery	ISOT LISE #		••••••••••••	************	Name				
						Box 2406			
					Address	HODDS,	hev Hexic	e Robins	son In