NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

REQUEST FOR (DIL) - (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.

					B, New Mexico	······································	October	(Date)
		•			WELL KNOWN		NTP .	
		erator)	MA	(Lease)	, Well No 5 UT	, in	NE	/4
Unit Let	Sec	14	, T27N	r .3 W, N	MPM., Undesig	nated Pi	stured C	liffs Pool
	rriba		County. Date S	Spudded 7-16	-58 Date	Drilling Co	mpleted	8-31-58
	e indicate l		Elevation	6906	Total Depth	6060	PBTD_	6029
D C B A		Top Gas Pay	3715	Name of Prod.	Form Unde	rignated	Pictured Cli	
- I	1039.1		PRODUCING INTER	=				
<u> </u>		4	Perforations	3715-49	2 S e	ts	·	
E	F G	1039.1	Open Hole	400	Depth Casing Shoe	6060	Depth Tubing_	3625
			OIL WELL TEST -					
L	K J	I	Natural Prod. To	est:bbl:	s.oil,bb	ls water in	hrs,	Chokemin. Size
			Test After Acid	or Fracture Treat	tment (after recove	ry of volume	of oil equ	ual to volume of
M	0	P	load oil used):	bbls.oi	l,bbls w	ater in	hrs,	Choke min. Size
			GAS WELL TEST -		(
		<u></u>	======		MCF/Day; Hour	a. £1 aa.d	- Challa	Ci
Mng Cast	ing and Com	nting Record	_					
Size	Feet	Sax			ressure, etc.):			
			_		ment: 617			
0 3/4# 308 240		Choke Size 272	method of les	sting: Back	ressure			
7 5/8" 3985 125		Acid or Fracture	Treatment (Give	amounts of materia	ls used, suc	h as acid,	water, oil, and	
/ 5/6"	Top	125			and 42,000 #			
5 "	3808	2 25	Casing Press.	Tubing Press.	Date first new oil run to tanks	•		
	Bottom		Oil Transporter_					
5W	6060		Gas Transporter	Pacific No	thwest Pipe	dne Corr		1/2
marks:		••••••						
····		•••••	•••••					
••••••		***************************************		***************************************			OC1 25	
I hereb	y certify th	at the inform	mation given abo	ve is true and co	omplete to the best	of my know	gddge. Ot	4. COM.
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Origin	al Signe	d Emerv	C. Arnold		D • • • •	(Signature	-	1
Origin.	·····			Title	. District Send Commi	kGasSur unications m	erinten garding w	ell to:
le Super	visor Di st.	# 3						
				Nan	Box 2406	Petrole	un Compa	n y
					ressHobbe, No	ne Morria		