NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

(Form C-104) Ravised 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)				(Date)		
E ARE I	HEREBY R	EQUEST	ING AN ALLOW	ARLE FOR	A WELL KN	IOWN AS		<u> </u>		
aging	mpany or O	remeco	oil co. Un	it "A" (Lease)	, Well No	L	, in	······ ¹ /4····································		
J	Sec		T 26 W		, NMPM.,	Basir	Dakota	Pe		
Unit L	4ter		•		_					
			County. Date	Spudded	Total	Depth	6200 P	u		
Plea	se indicate	location:	Top Oil/Gas Pay				rm. Dakot			
D	C B	A	PRODUCING INTER							
			Perforations	6024-26;	6072-85					
E 1	F G	Н	Open Hele		Depth Casin	. cho. 66	Dep	LAGAL I		
	į				Casin	g 3:10e	1 00	ing		
L	K J	I	OIL WELL TEST -					Cho		
	x		ļ					hrs,min. Size		
М	N O	P	1			•		l equal to volume o Choke		
			load oil used):	:bb]	s,oil,	bbls wate	r in hrs,	min. Size		
		<u> </u>	GAS WELL TEST	-						
· · · · · · · · · · · · · · · · · ·	 		Natural Prod. 1	Test:	MCF/D	ay; Hours f	lowedC	hoke Size		
•	sing and Cem				ick pressure, et					
Size	Feet	Sax	Test After Acid	d or Fracture	Treatment:	2255	MCF/Day; H	ours flowed		
8-5/8	190	130	Choke Size 3/	Method o	of Testing:	lowing				
E 1/0	6200	310	Acid or Fractur	e Treatment (Give amounts of	materials v	used, such as a	cid, water, oil, ar		
5-1/2	OECO	210	sand): 75,00	0 1bs 20-	40 sd; 71,5	60 gal v	ater			
1-1/2	6005		Casing 721	Tubing 17	Date first oil run to	new tanks	(PEI	150		
					Corporatio		RILLI	(CD /		
		<u> </u>			o Natural O		BY	1000		
emarks:			***********				MAIZJ	Took		
	· · · · · · · · · · · · · · · · · · ·						OIL CON	COM.		
							DIST			
I herei	by certify the	hat the inf	ormation given at	ove is true a	nd complete to	the best of	my knowledge	ru its managi		
					agent, Tenr	peg 011	Company			
•					YS	Comp	any Operator) • • • • • • • • • • • • • • • • • • •		
Ol	L CONSE	RVATION	N COMMISSION		Ву:	MM	W.	L. J. Press		
.	_1 Sidna	d Emer	y C. Arnold				(Signature)			
: Origin	iai oizile		J -:	***********	Title Send		cations regardi	erintenient_ ng well to:		
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•					Name. L. I					
					Address.). Box 1'	714, Durane	p, Colorado		

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