DISTRIBUTION SANTA FE PILE U.S.G.S. LAND OFFICE TRANSPORTER GAS PRORATION OFFICE OPERATOR

NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWARLE

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.

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WE AI	RE HE	REBY RI	EOUESTIN	NG AN ALLOWA	BLE FOR A	WELL KNOWN	AS:		
				vc. New				NW 1/4	NE 1/2
»B»		, Sec.	21_	., T26N , R	8% ,	NMPM.,	BALLABD.F	LETURED	CLIFERPool
VI	di Lette	•			40	ner (n		3 . 4 . 4	2 41
San J	van			County. Date Sp	uddedT.K	27-03 Day	te Drilling GG	mbresed (:	2200
	Please	indicate k	ocation:			Total Depth			
D	TC	В		Top Oil/Gas Pay	2208	Name of Pro	d. Form. P16	2222 222	<u> </u>
	"		-	PRODUCING INTERVA	_ 2010~22	12,2215-2218, 53,2257-2261,	2267-2274	2267-226	7.
		0		Perforations		14.2319-2322.			••
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ľ		i		•		eatment (after reco			
M	N	0	 p 						Choke
	"	"	-	load oil used):	bbls,	oil,bbls	water in	nrs,	min. Size
1	l			GAS WELL TEST -					
103	5 FNL	& 1630	FEL	Natural Prod. Tes	it:	MCF/Day; Ho	ours flowed	Choke S	ize
	(Fi	DOTAGE)	nting Recor	d Nothed of Tostino	(nitet back	pressure, etc.):	CACF=1.5	17 MCFPD	
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ء ا	5/8	99	80 sx	Choke Size 3/	Method of	Testing: ONE Po	INT BACK	PRESSURE	
-	7		<u> </u>			a amounts of mater	ials used. suc	h.as acid. w	ater, oil, and
4	1/2	2422	150 sx	Acid or Fracture	SAND, 21,00	o amounts of mater	. 20 TONS	CO2.	
1	1	2256		Casing 610	Press. 61	Date first new oil run to tanks	<u> </u>	ATT IT	
-				Oil Transporter				aft FIV	
1						INION GAS COM	ANY /	<u> </u>	<u>LD /</u>
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Rema	rks:	**************		••••••• <u>••</u> ••		•••••		JAN 3 1 T	164 /
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I	hereby	v certify th	at the info	ormation given abo	ve is true and	i complete to the b	est of my kno	wledge.	. 42 ³
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	011	CONTR	DVATION	COMMISSION	F	y: KM-46/1	llise	R. N.	PHILLIPS
	OII	- CONSE	KAVIION	COMMISSION	•	•	(Signatu	re)	
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Ву:	OI IX	mai Oiki	ica rille	ry C. Arnold	*********	Send Con	nmunications	regarding we	ell to:
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