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.

				Denver,	Colorad	lo .	Decemi	per 7, 196
				(Place))			(Date)
WE ARE	HEREBY !	REQUESTI	ing an allowable for	HALE WELL	KNOWN	AS:		
olidated	OHEC	as, Inc.	CONSOLIDATED-	Well	No. 1-2	4 , is	n NW	/ NE
В	ompany or C	- 24	T. 26N R 8W	NMPM	Basi	n-Dako	ta	ъ.
Unit L	g8887							
San Ju	n	• • • • • • • • • • • • • • • • • • • •	County. Date Spudded	9/11/60	Date	Drilling	Completed	11/15/0
Plea	ase indicate	location:	Elevation 6820 KB	·	Total Depth_	1242	PBTD	7210
D I	CB	A	Top Oil/Gas Pay 6994		Name of Prod	Form	Dakota	
	,		PRODUCING INTERVAL -			•		
			Perforations 6994 -	7165				
E	F G	H	Open Hole		Depth Casing Shoe	7240	Depth Tubing	6355
	j		OIL WELL TEST -		- ,-			
L	K J	I						Chol
			Natural Prod. Test:					
M	N 0	P	Test After Acid or Fractu				•	Choke
.	" "		load oil used):	bbls.oil,	bbls v	water in'_	hrs,	_min. Size
			GAS WELL TEST -					
			Natural Prod. Test: 0	٠ ,	MCF/Dav: Hour	rs flowed	Choke	Size
Eubing Ca	sing and Co	menting Reco						
Size	Feet	Sax	Test After Acid or Fractu	wa Trantment.	3090		(actual f	(ow) 3-1
			Choke Size 3/4 Metho	d of Tooking.	3-hr. Ir	itial P	otential T	'est
9-5/8	358	800	Shoke SizeMedic	d of restring.				
E 1/2	7240	200	Acid or Fracture Treatmen	t (G ive amount	s of materia	ls used, s	such as acid,	water, oil, ar
5-1/2	7240	398	sand): 122, 000# san	nd, 123,00	00 gal. w	ater,	500 gal. a	cid
		1	Casing Tubing 2 Press. Press.	382 Date f	:1rst new in to tanks			
			Oil Transporter Fouts	& Bursun	Trucki	ag Co.	1	1
1-1/2	6355	Tbg.	Gas Transporter Southe					YLL
lemarks:			ared Cliffe					1
			ured Cliffs			<u>l</u>		
·	****************					T	OIL CON	
7 1	L	L-4 AL - 1-4		م اديد. داميسم اديد د	•a •a •ha •	of mu L	Telg	.3
			ormation given above is tru					No.
Approved	<u>ueu a 19</u>		, 19	COMSO		ompany or	Ac. (GAS,I	P\$6
_				10	Ken	-2.5	. Le	
O	IL CONSE	KVATION	COMMISSION	Бу:		(Signat	ure)	
Origi	nal Sign	ed Emer	y C. Arnold	Tiela Pr	oduction	Manag	(er	
y:		***************************************		1 1116	Send Comm	unication	s regarding w	ell to:
Title Supe	rvisor Diet.	#.3						
-		4 3		Name	00 Bros	dwav -	Suite 211	2
	•	K.	·		lenuev3.			

STATE OF NEW MEXICO
OIL CONSERVATION CHARLES!O

AZTIC DISTRICT OFFICE
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