(Form C-104) Revised 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.

				••	Durango,	Colorado	••••••••••	
E ARE	HEREBY	REQUEST	ING AN ALLOW	ABLE FOR	, ,	OWN AS:		(Date)
		· -	on (USA) W. Q.				W/ 1/	4 W/ 1/
(C	ompany or	Operator)		(Lease)				, , , , ,
Und L	etter	Sec 23	T. 26N	R 1.11	, NMPM	Gallegos-Gal	Lup	Pool
San	Juan		County. Date S	Spudded7	/26/58	Date Drilling O	completed	8/20/58
		te location:	Elevation 63	70' KB	Total	Depth 6455	PBTD	63831
D	C	B A	Top Oil/Gas Pay	5205	Name o	of Prod. Form.	Gallun	·
K			PRODUCING INTER	مجيب				
E	F	G H			Denth	4' 5385'-54	Denth	
_	· '		Open Hole		Casing	Shoe 64201	Tubing	6151'
L	K	JI	OIL WELL TEST -	9/24/59				a
	A	, , T	Natural Prod. To	est:	bbls.oil,	bbls water in	hrs,	Choke min. Size
			Test After Acid	or Fracture	Treatment (after	recovery of volum	ne of oil equ	al to volume of
M	N	0 P	load oil used):	10.02 bb	ls,oil,	_bbls water in _2	hrs,	min. Size 3/4
			GAS WELL TEST -	1/15/59	(Gallup)			
						y; Hours flowed	Choke	Size
ibing ,Ca	sing and C	ementing Reco	rd Method of Testi	ng (pitot, b	ack pressure, etc	.):		
Size	Feet	Sax	Test After Acid	or Fracture	Treatment: 459	<u>6</u>	/Day; Hours	flowed 3
n = /0			Choke Size 3/k	Method	of Testing:_cho	ke		
5/8	333'	235	The second secon	T	Civil annual and	materials used, su	ch ac acid w	ester oil and
7 **	6420	308	l l			. 60.000 ml		ideal, oll, and
/on	6	ļ	Casing	Tubing	Date first	new		<u> </u>
2 3/8"	6151		⊣			tanks September	• • • •	
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0	IL CONS	ERVATION	COMMISSION		By: R. M. Ma		varpo	1050
Origin	nal Sign	ed Emer	C. Arnold			(Signatur	(OCT5 1959
• • • • • • • • • • • • • • • • • • • •			SAN TON			t. Production Communications	Supt.	ICON LIVE
Sup	ervisor D	ist. # 3					_	, Dio.
			en e		•	see Gas and C	-	•
			•		Address P. C.	Box 1714. Du	mango. Co	nloredo

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