MA ABER OF COP. .6 RECEIVED DISTRIBUTION SANTA FF FILE U.S. B. LAMD OFFICE TRANSPORTER GAS PROBATION 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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T AOF W	CDERV D	FOUESTII	NG AN ALLOWA	RLE FOR	•	NOWN A	S:		(Date)
			COMPANY					SE 1/	SE 1/2
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			County. Date Sj						
Please indicate location:			Elevation6	156 G.L.	Tota	1 Depth	6620	PBTD	6591
			Top Oil/Gas Pay_	6318	Name	of Prod.	Form	DAKOT	<u> </u>
			PRODUCING INTERV	± - 6578	-68. 6540-	36. 6530	0-12, 65	02-6490.	6482-69.
			Perforations	6434	<u>-4 31, 641</u>	<u>2-6394.</u>	6343-38	<u>6324-1</u>	8
E 1		H	Open Hole	NONE	Dept Casi	in ing Shoe	6620	Depth Tubing	6543
			OIL WELL TEST -			_			
L	KJ	I	Natural Prod. Te	st:	bbls.oil,	bbl	s water in	hrs,	Choke min. Size_
		1	Test After Acid	or Fracture	Treatment (aft	er recover	y of volume	of oil equa	al to volume of
M 1	N 0	oP	load oil used):_						Choke
İ		1	GAS WELL TEST -						
			Natural Prod. Te	TST	Mi ure	Day: Hours	flowed	Choke	Size
(I	FOOTAGE)	enting Recor							
bubing Casing and Comenting Record Size Feet Sax			Test After Acid	-				Dav: Hours	flowed 3
			Choke Size 3/4						
8 5/8	245	270							
4 1/2	6610	1135 C	Acid or Fracture	Treatment (Give amounts of	f material Of SAND	s used, suc £ 102.2	n as acid, v	water, oil, and
			Casing Press. 2086					<u> </u>	
1 1/2	6543		Press. 2086	Press2	oil run t	to tanks	Mana	- T.	- Ino
			Oil Transporter_					(C)	The same
	Ļ	1	Gas Transporter_	EL PAGO	NATURAL GA	18 COMPA	NY	12H	HVI
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I hereb	y certify the	hat the info	ormation given abo	ve is true a	Souti	ern Uni	ON PRODU	ICT YOU C	SI 3
pproved		Z.1.196	34 ,	19		(Co	mpany or O	perator	7/77
01	I CONSE	RVATION	COMMISSION		Ву:	D.	G. MAG)Y XXX	11/1,00
			Ellety C. Auto	* •			(Signatur	· ,	/ /
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Supervisor Disk # 3					Name	na Commi S . Müzu n	inications r	egarding w	INTENDENT
itle					Pos	PFICE	Box 808	3	
					I A Admond a 194	HATCHE.	Mew Mes	8011	