NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

REQUEST FOR (DTL) - (GAS) ALLOWABLE

HIMM

Becember 6, 1957

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.

Albuquerque, New Mexico

					(Place)				(Date)
E ARE I	IEREBY R	EQUEST	ING AN ALL	OWABLE FO	R A WELL K	NOWN A	AS:	_	
lorthm	st Produ	etion Co	Xp. Se	n Juan 27-	8 Well No	6-11	, in	sv ,	/4 IW
(Co	mpany or Ut	crator)		(Lease))				
Tieft Li	Sec		, Т	, R	, NMPM.,	njuot	PIERCO	••	Р
•			.		10-30-57	9-4-	D-1331 0		11-28-57
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Plea	se indicate	location:							
D I	C B	A	Top Oil/Gas	Pay 293	Name	of Prod.	Form. Ple	rared CI	7558
	` ~	-	PRODUCING I	NTERVAL -					
			Perforation	s	2930-2972				
E	F G	H	l		Dent	.h	3066	Depth	2036
			Open Hole		Casi	.ng Shoe	3000	Tubing	4736
- 	- T	-	OIL WELL TE	<u>sī</u> -					
L	K J	I	Natural Pro	d. Test:	bbls.oil,	bb]	s water in	hrs.	Chol
					re Treatment (aft				
M	N O	P							Choke
			load oil use	ed):	obls.oil,	bbls wa	iter in	hrs,	_min. Size
			GAS WELL TE	<u>sī</u> -					
			_ Natural Proc	d. Test:	MCF/	Dav: Hours	flowed	Chake	Size
hing Cas	ing and Cem	enting Reco			back pressure, e				
Size	Feet	Sax				·			
			1		re Treatment:			Day; Hours	flowed
7-5/8	128.00	75	Choke Size_	3/4" Metho	d of Testing:	ack pro	reert.0		
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5-1/2	3052.90	100		_	(Gi ve amounts o				water, oii, an
•					O gals water				
1-1/4	2923.18		Press.	Press	Date firs oil run t	o tanks		شدارین مین مینون م	5 m
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I hereb	y certify th	at the info	ormation given	above is true	and complete to	o the best	of my know	wledge.	
			DEC 9 195		Morth	metat Pr	endwet in	n Corner	ation
F + + ******				,	DAV E	HII III Co	mpany or O	perator)	
OI	I. CONSE	VATION	COMMISSIO	ON	By: Ray	hillin	.	*****************	
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<u>Origi</u>	nal Signe	d Emer	y C. Arnol	d	Title Asst	Mar. Pr	red Oper	ations	
Original Signed Emery C. Arnold					Sen	d Commu	nications r	egarding w	ell to:
itle Supervisor Dist. # 3								_	
					Name	L. John	MECO		
					7 4 G471 F				