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## NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe. New Mexico

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

## REQUEST FOR (OIL) - (GAS) ALLOWARLE

New Well

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. Can must be reported on 15.025 psia at 60° Fahrenheit.

The Receive Transporter of the Processor						Parmington, (Place)	New Mexico	November 7, 196
(Company or Operator)  Sec 12 T 27-B, R S-W, NMPM, Bhanco Mesa Verde  Please indicate location:  D C B A  Elevation 6683 G Total Depth 6055 880 6010  Presse indicate location:  D C B A  Elevation 6683 G Total Depth 6055 880 6010  Top 011/Gas Pay 5468 Perf Name of Prod. Form. Mesa Verde  PRODUCING INTERVAL:  Sec 12 Top 011/Gas Pay 5468 Perf Name of Prod. Form. Mesa Verde  PRODUCING INTERVAL:  Sec 13 D C B A  Elevation 5683 G Total Depth 6055 880 6010  Top 011/Gas Pay 5468 Perf Name of Prod. Form. Mesa Verde  Prod. Form. Mesa Verd	VE AR	E HER	EBY RE	QUESTI	NG AN ALLOWABLE	FOR A WELL KNO	OWN AS:	
The late of the la					_	-	, in	NE 1/4 NE 1/4,
Please indicate location:  Please indicate location:  D C B A TOPO 11/Gas Pay 5468 Part Name of Prod. Form. Massa Varids  PROCECTION INTERVAL - 5468-74;5500-04;5516-20;5886-98;  Perforations 5960-66;5980-96;  Depth D					-	•	Blanco Mesa	Verde n
Please indicate location:    D		Letter						
Please indicate location:    D	Ric	o Arril	be.		County. Date Spudde	d 9-27-62	Date Drilling C	capleted 10-12-62
B					Elevation 6843 G		Depth	6010
E F G R  Open Hole Bone Depth Open Hole Bone Casing Shoe 6055 Tuting 6010  L K J I  Natural Prod. Test: bbls.oil, bbls water in hrs, min. Size  M N O P  load oil used): bbls.oil, bbls water in hrs, min. Size  GAS WELL TEST  Natural Prod. Test: McF/Day; Hours flowed Choke Size  Sir Feet Sax  Test After Acid or Fracture Treatment (after recovery of volume of choke Size  Method of Testing (pitot, back pressure, etc.):  Test After Acid or Fracture Treatment: 5228 MCF/Day; Hours flowed 3  Choke Size 3/4" Method of Testing: Calculated A.O.F.  7 5/8" 3963 162  Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 73,000 manned sand): 73,	מ	l c	B	T A	Top Oil/Gas Pay_546	Name o	f Prod. Form.	esa Verde
Perforations    Perforations   Perfo					PRODUCING INTERVAL -	5468-74;5500-0	<b>4</b> ;5516 <b>-20</b> ;588	36-98;
Open Hole   None   Casing Shoe   G055   Tubing   G010    L K J I   Natural Prod. Test:   bbls.oil,   bbls water in   hrs,   min. Size    Natural Prod. Test:   bbls.oil,   bbls water in   hrs,   min. Size    Natural Prod. Test:   bbls.oil,   bbls water in   hrs,   min. Size      10 3/4   121   95   Natural Prod. Test:   NCF/Day; Hours flowed   Choke Size      10 3/4   121   95   Natural Prod. Test:   NCF/Day; Hours flowed   Choke Size      10 3/4   121   95   Natural Prod. Test:   NCF/Day; Hours flowed   Choke Size      10 3/4   121   95   Natural Prod. Testing (pitot, back pressure, etc.):      10 3/4   121   95   Natural Prod. Testing:   Calculated A.O.F.      10 3/4   121   95   Natural Prod. Testing:   Calculated A.O.F.      10 3/4   121   95   Natural Prod. Testing:   Calculated A.O.F.      10 3/4   121   95   Natural Prod. Testing:   Calculated A.O.F.      10 3/4   121   95   Natural Prod. Testing:   Calculated A.O.F.      10 3/4   121   95   Natural Prod. Testing:   Calculated A.O.F.      10 3/4   121   95   Natural Prod. Testing:   Calculated A.O.F.      10 3/4   121   95   Natural Prod. Testing:   Calculated A.O.F.      10 3/4   121   95   Natural Prod. Testing:   Calculated A.O.F.      10 3/4   121   95   Natural Prod. Testing:   Calculated A.O.F.      10 3/4   121   95   Natural Prod. Testing:   Calculated A.O.F.      10 3/4   121   95   Natural Prod. Testing:   Calculated A.O.F.      10 3/4   121   95   Natural Prod. Testing:   Calculated A.O.F.      10 3/4   121   95   Natural Prod. Testing:   Calculated A.O.F.      10 3/4   121   95   Natural Prod. Testing:   Natural Prod. Testing:				ļ	Perforations	5960-66;5984-9	6;	
Natural Prod. Tests bbls.oil, bbls water in hrs, min. Size  Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of choke load oil used); bbls.oil, bbls water in hrs, min. Size  1190'H. 800'E  (FootAsc)  Total Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of choke load oil used); bbls.oil, bbls water in hrs, min. Size  (FootAsc)  Sur Fret Sax  Test After Acid or Fracture Treatment: S28 MCF/Day; Hours flowed 3  Choke Size 3/4" Method of Testing; Calculated A.O.F.  7 5/8" 3963 162  Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and annul; 73.000 sallong under. 70 CC annul  Sur Fret Sax  Tubing Casing 1118 Tubing Date first new oil run to tanke  Cil Transporter II Paso Instural Gas Products Company  Casing 1118 Tubing Date first new oil run to tanke  Cil Transporter II Paso Instural Gas Company  Cil CON. COM.  Cil Conpany or Operator)  Original Signed Emery C. Arnold  Title. Supervisor Dist. # 3  Name. School Communications regarding well to:	E	F	G	H	Open Hole MOI	Depth Casing	Shoe 6055	Depth Tubing <b>6010</b>
Natural Prod. Test: bbls.oil, bbls water in hrs, min. Size					OIL WELL TEST -			
Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used): bbls,oil, bbls water in hrs, min. Size    1190'#, 800'#   Natural Prod. Test:   NCF/Day; Hours flowed   Choke Size	L	K	J	I	Natural Prod Test:	bble oil	bble water in	
Choke   Chok			1					
Natural Prod. Test:   McF/Day; Hours flowed   Choke Size	M	N	0	P			•	Choke
Natural Prod. Test:   MCF/Day; Hours flowed   Choke Size					·	DD154011,	DDIS Water In	nrs,min. Size
Sur Fret Sax  Test After Acid or Fracture Treatment: 5228 MCF/Day; Hours flowed 3  Choke Size 3/4" Method of Testing: Calculated A.O.F.  Test After Acid or Fracture Treatment: 5228  MCF/Day; Hours flowed 3  Choke Size 3/4" Method of Testing: Calculated A.O.F.  Test After Acid or Fracture Treatment: 5228  MCF/Day; Hours flowed 3  Choke Size 3/4" Method of Testing: Calculated A.O.F.  Test After Acid or Fracture Treatment: 5228  MCF/Day; Hours flowed 3  Choke Size 3/4" Method of Testing: Calculated A.O.F.  Test After Acid or Fracture Treatment: 5228  MCF/Day; Hours flowed 3  Total Choke Size 3/4" Method of Testing: Calculated A.O.F.  Test After Acid or Fracture Treatment: 5228  MCF/Day; Hours flowed 3  Total Choke Size 3/4" Method of Testing: Calculated A.O.F.  Test After Acid or Fracture Treatment: 5228  Test After Acid or Fracture Treatment: 5228  Test After Acid or Fracture Treatment: 5228  Test Aft		22001		<u>.                                    </u>				
Sure Fret Sax Test After Acid or Fracture Treatment: 528 MCF/Day; Hours flowed 3  10 3/4 121 95 Choke Size 3/4 Method of Testing: Calculated A.O.F.  7 5/8 3963 162 Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 73.000 callons under 72 OCC an	<del></del>	(FOOT	AGE)			MCF/Da	y; Hours flowed	Choke Size
Test After Acid or Fracture Treatment: S20 McF/Day; Hours flowed 3  Choke Size 3/4" Method of Testing: Calculated A.O.F.  Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 73,000 gallops water. 79 000 sand  5 1/2" 2177 Casing Press. 1118 Tubing Date first new oil run to tanks  Gil Transporter El Pase Estural Gas Products Casing Office Company  emarks:  I hereby certify that the information given above is true and complete to the best of my knowledge.  El Paso Estural Gas Company  OCCOMPANY  ORIGINAL SIGNED H.E. McANALLY  Original Signed Emery C. Arnold  Supervisor Dist. # 3  Name.  Send Communications regarding well to:  Name.  NAME  NAME  NAME  Castring: Calculated A.O.F.  Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand; water, oil		•			Method of Testing (pit	ot, back pressure, etc	.):	
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 73,000 sallons unter. 79 Off asmall 5 1/2" 2177  Solid Transporter Solid Press. 1118 Tubing Press. 1121 oil run to tanks  Cil Transporter Solid Press. 1121 oil run to tanks  Cil Transporter Solid Press Press Solid Press Press Solid Press Solid Press Press Solid Press Press Solid Press Press Solid Press P	Sun	·	Fret	Sax	Test After Acid or Fra	cture Treatment: 52	<b>28</b> MCF	/Day; Hours flowed3
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and send): 73,000 gallons water. 79 000 send  5 1/2" 2177	10 '		101	OE.	Choke Size 3/4" Me	thod of Testing: C	alculated A.	).J.
Title   Supervisor Dist. # 3   Supervisor D	10	<del>73</del>	121		And an Employee Track	nest (Give amounts of a	materials used. Su	ch as acid. water. oil. and
Cil Transporter  Gas Transporter  Fi Paso Satural Gas Products  NOV 9 1962  Cil CON. COM.  Light Conversed Nov 9 1962  OIL CONSERVATION COMMISSION  Original Signed Emery C. Arnold  Cil Company  Original Signed Emery C. Arnold  Supervisor Dist. # 3  Oil Transporter  Fi Paso Satural Gas Company  Cil CON. COM.  Cil CON.  Cil CON. COM.  Cil CON.  C	7.5	/8"	3963	162	send): 73.000 mal	one sector 79 n	Of send	
Cil Transporter  Gas Transporter  Fil Paso Estural Gas Products  NOV 9 1962  Cil CON. COM.  Cil CON.  Cil CON. COM.  Cil CON.	<b>5</b> 1.	/a"	21.77		Casing Tubin	Date first	new	
I hereby certify that the information given above is true and complete to the best of my knowledge.  I hereby certify that the information given above is true and complete to the best of my knowledge.  I hereby certify that the information given above is true and complete to the best of my knowledge.  I hereby certify that the information given above is true and complete to the best of my knowledge.  I hereby certify that the information given above is true and complete to the best of my knowledge.  I hereby certify that the information given above is true and complete to the best of my knowledge.  I hereby certify that the information given above is true and complete to the best of my knowledge.  I hereby certify that the information given above is true and complete to the best of my knowledge.  I hereby certify that the information given above is true and complete to the best of my knowledge.  I hereby certify that the information given above is true and complete to the best of my knowledge.  I hereby certify that the information given above is true and complete to the best of my knowledge.  I hereby certify that the information given above is true and complete to the best of my knowledge.  I hereby certify that the information given above is true and complete to the best of my knowledge.  I hereby certify that the information given above is true and complete to the best of my knowledge.  I hereby certify that the information given above is true and complete to the best of my knowledge.  I hereby certify that the information given above is true and complete to the best of my knowledge.  I hereby certify that the information given above is true and complete to the best of my knowledge.  I hereby certify that the information given above is true and complete to the best of my knowledge.  I hereby certify that the information given above is true and complete to the best of my knowledge.  I hereby certify that the information given above is true and complete to the best of my knowledge.  I hereby certify that the	7 4	-	= 11		Press. IIIU Press	Come Teturne Con	e Products Co	
I hereby certify that the information given above is true and complete to the best of my knowledge.  I hereby certify that the information given above is true and complete to the best of my knowledge.  Paso Intural Gas Company  (Company or Operator)  OIL CONSERVATION COMMISSION  Original Signed Emery C. Arnold  (Signature)  Title  Petroleum Engineer  Send Communications regarding well to:  Name  Name  Name	1 1/	/h."	5010			Paso Mitural Ca	s Company	
I hereby certify that the information given above is true and complete to the best of my knowledge.  Paso Intural Gas Company  (Company or Operator)  OIL CONSERVATION COMMISSION  Original Signed Emery C. Arnold  Title Supervisor Dist. # 3  ORIGINAL SIGNED H.E. McANALLY  (Signature)  Send Communications regarding well to:  Name Supervisor Dist. # 3					Gas Transporter			NOV.O1GCO
I hereby certify that the information given above is true and complete to the best of my knowledge.  Percentage of the provided of the provide	emark	<b>s:</b>					•	
I hereby certify that the information given above is true and complete to the best of my knowledge.  Percentage of the provided of the provide	•••••		************	••••••				
OIL CONSERVATION COMMISSION  Original Signed Emery C. Arnold  Supervisor Dist. # 3  OCCOMPANY OF OPERATOR  ORIGINAL SIGNED H.E. McANALLY  By: ORIGINAL SIGNED H.E. McANALLY  ORIGINAL SIGNED H.E. McANALLY  Title Petroleum Engineer  Send Communications regarding well to:  E. S. Oberly		•				and complete to t	he hest of my kno	
OIL CONSERVATION COMMISSION  Original Signed Emery C. Arnold  Supervisor Dist. # 3  (Company or Operator)  ORIGINAL SIGNED H.E. McANALLY  By: ORIGINAL SIGNED H.E. McANALLY  Title Petroleum Engineer  Send Communications regarding well to:  Name S. Oberly					rmation given above is	true and complete to t	El Paso Matu	ral Gas Company
Original Signed Emery C. Arnold  y: Title Supervisor Dist. # 3  Title Supervisor Dist. # 3  Name (Signature)  Petroleum Engineer  Title Send Communications regarding well to:  E. S. Oberly	pprove	edN.U.Y.	J 130	<b></b>	, 19		(Company of C	Operator)
Original Signed Emery C. Arnold  Title Supervisor Dist. # 3  Send Communications regarding well to:  E. S. Oberly  Name		011 0	<b>ONER</b>	VATION	COMMISSION	By. ORIGINAL	SIGNED H.E. M	CANALLY
Send Communications regarding well to:  Supervisor Dist. # 3  Name  Send Communications regarding well to:  B. S. Oberly	Original Signed Emery C. Arnold			Dy				
Send Communications regarding well to:  E. S. Oberly  Name				Title				
	,	~			Send	E. S. UDGTI	regarding well to:	
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