NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

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

				(Place)	. New Moxiso	·	3/26/6 (Date)
South	met Pro	duction C	NG AN ALLOWABLE FO	de, Well No		. SW	1/4
	ompany or		(Lease)	•	Books Bobos	_	n
Unit L	etter		., T 27 , R 12 .!				
Sen	Juan		County. Date Spudded	2/14/62	Date Drilling	Completed 3	5 2/25/62
Please indicate location:			Elevation 5000 G				CO 6177
D	С	ВТА	Top Oil/Gas Pay 610	Name o	f Prod. Form.	Dekota	
"	٠ ا ،	BA	PRODUCING INTERVAL -				
			Perforations 6104-16	m/4JPF. 6127-3	31. 6142-46	w/23PF	
E		H	Open Hole	Depth		Deoth	6143
		^	OIL WELL TEST -				
L	K	JI	Natural Prod. Test:	bble oil	bble water	in her	Choke
			Test After Acid or Fractu		 -		
M	N O) P	load oil used):		•		Choke
				DD15,011,	_bbis water in _	nrs,	min. Size
			GAS WELL TEST -				
	/320		_ Natural Prod. Test:	MCF/Da	y; Hours flowed	Choke	Size
ubing ,Ca	sing and C	ementing Reco	rd Method of Testing (pitot,	back pressure, etc	.):	~	
Size Feet Sax		Sax	Test After Acid or Fractu	re Treatment: 3.7	7 39 M	CF/Day; Hours	s flowed 3
0 2/4	• 195	150	Choke Size 3/4 Metho	d of Testing:	Choke		
<u> </u>							water oil and
4 1/2	. 0 6199	450 2 6	tageid or Fracture Treatmen			such as acid,	water, oil, and
			sand): 40,000# 20-40 Casing Tubing	Date first	new	AFILI	-
			Press. 1544 Press.	oil run to	tanks	{{} }	[D/
1 1/2	• 6143)	Oil Transporter			Krnr.	-62
			Gas Transporter	Pago Matural C	les Company	MAR 27	1966
marks:.	.	••••				MMI,-	r. 3
		· · · · · · · · · · · · · · · · · · ·	***************************************			OIL DUN	r. 3
-						0,0	
I here	eby certify	that the info	ormation given above is tru	e and complete to	the best of my ki	nowledge.	
proved	MAR 2	7 1962					3y
proved.			,	Original	(Company or signed by	Operator)	
C	IL CONS	ERVATION	COMMISSION	By: Carl W. S)		
					(Signal		
:Ωri	ginal Si	gned Eme	ry C. Arnold	Title	uperintender	k	well to:
				Send	Communication	s regarding v	wen to.
tie⊇HA	1213J: W	<u> </u>		NameSout	hmest Produ	tion Com	peny
				Address 207	Petr. Club !	Plaza. Fa	rmington. K
					Potr. Club !		

TABLE SPILL GAS

OPERATOR