

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(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 QUADRUPPLICATE 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.

San Juan New Mexico 11-23-64
(Place) (Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

King Oil, Inc. Kutz, Well No. 5, in NE $\frac{1}{4}$ NW $\frac{1}{4}$,
(Company or Operator) (Lease)

C, Sec. 2, T. 27N, R. 10W, NMPM., Fulcher Kutz Pool
Unit Letter

San Juan County. Date Spudded _____ Date Drilling Completed _____
Please indicate location: Elevation _____ Total Depth 1909 PBD _____

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

Top Oil/Gas Pay 1842 Name of Prod. Form. Picture Cliff

PRODUCING INTERVAL -

Perforations _____ Depth _____ Depth _____
Open Hole 1842 to 1909 Casing Shoe 1842 Tubing 1893

OIL WELL TEST -

Natural Prod. Test: _____ 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 _____

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: 1.346 MCF/Day; Hours flowed _____

Choke Size _____ Method of Testing: _____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): _____

Casing _____ Tubing _____ Date first new _____
Press. _____ Press. _____ oil run to tanks _____

Oil Transporter _____

Gas Transporter Southern Union Gas Company

Remarks: Well cleaned out with gas and 1" 2" tubing installed so that water could be lifted with compressor in inclosed system and not waste gas.

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved NOV 23 1964, 19____

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title Supervisor Dist. # 3

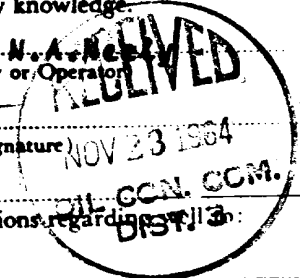
King oil, Inc. by N.A. Neely
(Company or Operator)

By: N.A. Neely Signature NOV 23 1964

Title Agent Send Communications regarding _____

Name N.A. Neely

Address 1041 Zuni Drive Farmington, N.M.



STATE OF MEXICO	
OIL COMMISSION	
OFFICE	
NUMBER OF PERMITS	
DATE	
SERIAL NO.	
FILE	
U.S.S.	
LAND ENGINE	
TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	