

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
(Place)

11-23-64
(Date)

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

King Oil, Inc. Kutz Well No. 10 in SW $\frac{1}{4}$ NE $\frac{1}{4}$,
(Company or Operator) (Lease)
G Sec. 18 T. 28N R. 10W NMPM. Fulcher Kutz Pool
Unit Letter

San Juan

Please indicate location:

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

County. San Juan Date Spudded _____ Date Drilling Completed _____
Elevation _____ Total Depth 1994 PBTD _____

Top Oil/Gas Pay 1950 Name of Prod. Form. Picture Cliff

PRODUCING INTERVAL -

Perforations _____
Open Hole 1950 to 1994 Depth Casing Shoe 1950 Depth Tubing 1976

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls. water in _____ hrs, _____ min. Choke 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. Choke 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: 680 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 _____

Remarks: The hole was cleaned out with gas and 1" & 2" tubing was installed to lift water out in an inclosed system with compressor, so that gas is not wasted.

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)

Title Agent

Send Communications regarding well to _____

Name N.A. Neely

Address 1041 Zuni Dr. Farmington, New Mex.

