## 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 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)	er rekico	4.5~	(Date)
ARE	HER	EBY RE	EQUESTI	NG AN ALLOWABLE F	FOR A WELL KNOW	WN AS:	611	<b>61</b> 2
				IE San Juan 29-5 (Lea	, Well No3	<b>6-32</b> , in	SW	<b>4</b>
((	Compan	y or Ope	72 72	T. 29# , R. 5W	NMPM BI	anco Mesa 1	/erde	Pc
	T-AMOUT							
io A	rriba	•••••		County. Date Spudded	9-13-57	Date Drilling	Completed	TO-11-21
		dicate le		Elevation	Total De	pth	PBTD_	7123
<u> </u>		В	T . 1	Top Oil/Gas Pay 5198	Name of	Prod. Form.	Ser Astors	
D	C	"	^	PRODUCING INTERVAL -				
		<u> </u>		Perforations 5734	-51.98			
E	F	G	H	Open Hole	Denth	hoe	Depth Tubing	5640'
			<b>1</b>					
L	K	J	I	OIL WELL TEST -				Chol
-			-	Natural Prod. Test:				
		<u> </u>		Test After Acid or Frac				Cnoke
M	N	0	P	load oil used):	bbls.oil,	obls water in	hrs,	min. Size
x		1		GAS WELL TEST -				
860	A-1	111	5 M	Natural Prod. Test:	MCE /D	. House flowed	Choke	Size
								4 <u> </u>
			nting Reco	rd Method of Testing (pitc			- <i>t</i>	
Size		Feet	Sax	Test After Acid or Frac	cture Treatment:	200 M	F/Day; Hours	flowed
10-	3/4	225	200	Choke Size 3/4" Met	thod of Testing:	WF 2,404 N	ex/a	
				Acid or Fracture Treatm	ent (Give amounts of ma	terials used, s	uch as acid,	water, oil, a
7-5	/8 3	600	200					
- 1		200	000	sand): 120.030 Casing Tubing Press. Press.	Date first ne	ew		-(0)
5-2	7	800	200	Press. Press.	oil run to ta	anks		Al Fi
1-1	/4 5	640		Oil Transporter	<del></del>		<del></del>	
			<b></b>	Gas Transporter	ot connected.		100	12
marks	:							CON CON
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T L .	<b>.</b>		as sha inf	ormation given above is	true and complete to ti	ne best of my ki	nowledge.	
TUC	ereby c	ermy u	iat the mi	MIN L 8 1957 10	PACIFIC NO	rthwest pip	KLINE COL	PORATION
prove	d			NUV 18 19 <b>57</b> , 19	***** *********************************	(Company or	Operator)	
					By: Original	signed by	i. H. Pepp	oin
	OIL (	CONSE	RVATION	1 COMMISSION	Dy	(Signa	ture)	
()-	idinal	Signa	ed Emer	y C. Arnold	Title Distri	ct Proretic	n Engine	<b>r</b>
·· Ur	ikiligi	OIRII		) ~ 1211UII	Send (	Communication	s regarding	well to:
tle	upervi	sor Dist	:. # <b>3</b>		Name PACIFI			
					Adding both	West Broad	my. Farm	ington. H.

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	Transporter
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