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

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

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



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.

ed into the stock tanks. Ga: mus				•			Ally 23, 1 (b)
E ARE	HERE	BY RE	QUESTI!	NG AN ALLOWABLE F	OR A WELL KN	OWN AS:	
1 <b>Pas</b> o	Company	or Oper	ad Compa	my San Juan 29-4 (Leas	5. <b>ihit</b> , Well No e)	<b>1+3</b> , in	ME 1/4 ME 1/4
A Unit I		., Sec	3	, T 258, R	, NMPM.,	Elanco Hosa	Verde Poo
				County, Date Spudded.	10-22-52	Date Drilling	Completed 7-6-64
	ase indi			Elevation 6309 CL.	Total	Depth 512	3 28TD 5672'
			<del></del>	Top Star Gas Pay 5166	Name o	of Prod. Form.	Hesa Varde
D	c	В	A	PRODUCING INTERVAL -			
		<u> </u>	X	Perforations 5166-9	2 <b>, 5202-</b> 08 <b>, 5</b> 5	38-44, 555 <b>h</b> -1	60, 5570-90, 5602-00
E F	F	G	H	Open Hole	Denth		Deoth
L	K	J	I	OIL WELL TEST -			Choke
							in hrs, min Size
M N	- <del>N</del>	0	P				ume of oil equal to volume of Choke
	"   "	U		load oil used):	bbls, oil,	bbls water in	hrs,min. Size
				GAS WELL TEST -			
990'N	(FOOTA	Z		_ Natural Prod. Test:	MCF/D	ay; Hours flowed	Choke Size
ubing "C	Arcor)	GE) nd Cemen	ting Recor	Method of Testing (pito	t, back pressure, et	c.):	
•	F		_		ture Treatment:	6 <b>160</b> M	CF/Day; Hours flowed 3
10 3/	4"	241	200	Choke Size 3/4" Meth			
7"		176	300	Acid or Fracture Treatme	nt (Give amounts of	materials used.	such as acid, water, oil, and
		-		Casing Tubing Press.			
4 1/	27 5	713	160				
2 3/	/8º 5	577		Gas Transporter Gas Transporter	Pago Natural O	as Comment	(PCC)
							/ CILLIVID \
marks:	:	. ee 11	SCL 1OF	Horkover	•••••••••••		LETTINED /
			<b></b>	***************************************			111 23 1364
		••••••	·····		مه معماد د	the best of my k	nowledge CON. COM.
I he	reby cer	rtify 1.3	at the info	ormation given above is t	rue and complete to	so Astural C	nowed the Company of
pprovec	1JUL	.281 <del>9</del>	64	, 19		(Company of	Operator)
				COMMESSION	URGN By:	IAL SIGNED E	.S. OBERLY
				COMMISSION	•	(Sign:a	
O	rigina	l Sign	ed Eme	ery C. Arnold	Title	oleus Ingine	er
By: Original Signed Emery C. Arnald  Fitle Supervisor Dist. # 3					Sene	d Communication S. Charly	is regarding well to: