NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

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.

						Farmington, New Mexico (Place)				2/10/59 (Date)	
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		y or Ope		Ma	(Lease)		No	, 1r		.1/4239	
L	Letter	, Sec	19	, Т 294	., R 7	, NMPM		19.	فداحسم		
do A	rriba			County. Dat	te Spudded		Dat				
Please indicate location:				Elevation	6715 6		Total Depth	5775	РВТО		
D	C	В	A	Top Oil/Gas I			Name of Prod	d. Form	Noon Yes		
E	F	G	Н		Open	Role	Depth		Depth	 	
	F	G.	n		<u>5003-5775</u>		Casing Shoe	5003	Tubing	5748	
L	K	J	I	Natural Prod	-	bbls.oil,		bbls water :	inhrs	Cho ,min. Si:	
X M	N	0	P							qual to volume Choke min. Size	
				GAS WELL TES		DIS(UII)	2140	water III	1115,		
				Natural Prod	. Test:	1	MCF/Day: How	urs flowed	Chok	e Size	
Mng C	lesing s	and Cemer	ting Reco								
bing Casing and Comenting Records			_							s flowed	
9-5/	8	167	125	7		-				s i lowed	
7-21 : 7		5003	300	Acid or Fract	ture Treatment	(Give amount	ts of materi	ials used, s	such as acid	, water, oil, a	
2		5748		sand): Casing	Tubing	Date :	first new				
			<u> </u>	Oil Transpor	ter						
										 	
marks:	:	.	cause	f.bridge.be	tween Cli	ff House	and Poly	t Looko	st, the t	abing was	
	Perfo	reted		hs of 5132	and 5101	foot. Pu	t back c	n produ	tion 9/2	O/50	
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I he	reby ce	rtify tha	at the info	ormation given	above is true	and comple	te to the be	st of my kı	nowledge.	KTOP.	
proved		FÉB 1	7 1010				E 1.	Pago No.	STEETHING	FEB17	
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tle	Su	perviso	r Dist. # ;	3					s regarding	well to:	
						Name	•••••				
						Address			• • • • • • • • • • • • • • • • • • • •		