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.

WORKOVER				Dirango, Golorado (Place)					Jun	June 25, 1958 (Date)	
WE AR	E HER	EBY RE	QUESTI	NG AN ALLOV	VABLE FO	R A WELL	KNOWN	AS:			
		. Ni cho ny or Ope		ny NEB	lanco Uni (Lese)	t , Well	No. 8-1	0 , in.	ne	1/4. Swi 1/4,	
Umit	Letter							Recomm	leted	Pool	
Rio	Arriba			County. Date	Spudded		Date	BANK BU	A WILL	5-31-58	
Please indicate location:				Elevation 6 Top MM/Gas Pa							
D	С	В	A	PRODUCING INTE	RVAL -				IN SAVE		
E	F	G	Н	Perforations		Γ	holes Pepth easing Shoe		Depth Tubing	54051	
L 1650†	K	J	I	OIL WELL TEST Natural Prod.		bbls.oil,	bb	els water in	hrs.	Choke	
M	N	0	P							qual to volume of Choke min. Size	
	1650			GAS WELL TEST	-						
10=3.		194 194	200	Choke Size 3/	Method	of Testing:	One pt.	back pr	essure	s flowed 3	
5-1, Lin		701	300	sand): In 2 Casing Press. 944(S	Tubing Press. 94	otaling] 2(SI)	15.810 8 irst new	al. wate		000 lbs. sand 1958	
				Oil Transporte		•				·	
L				Gas Transporte				€			
Remarks: Top of tubing peri					ions at 5					1	
*	Rate	of flo	w thru					•		***************************************	
I h	nereby c	ertify tha	at the info	rmation given a	bove is true	and comple	te to the bes WOOD & N	t of my kno ICHOLS (wledge.	<u></u>	
OIL CONSERVATION COMMISSION						By:by	riginal signer DeLasso too	Signatu	DeLa	sso Loos	
Ru.	Origin	nal Sig	ned Em	ery C. Arno	ld	Title	Mield Sup	erintend	lent		
Title		Superv	risor Dist.			Send Communications regarding well to: Name BLACKWOOD & NICHOLS COMPANY					
						Name	•••••			, Colorado	

TRICT OFFICE

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