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)	MAR MEXTOO	 	(Date)
E AOF T	CDCDV DI	COLIECTI	NG AN ALLOWABLE FO	, ,	OWN AS:		
CARE H	EKEBY K	P PIPELI	ME San Juan 316	Well No	12-2	, se	SW L
10-			(Lease)			
X	Sec.	2	, _T 30s , _R 6w	, NMPM.,	Rienco Mese	Verde	Ро
Unit Lef	•						
Lo Arri	.be.		County. Date Spudded	2-11-27	Date Drilling	Completed	0-24-71
Pleas	e indicate l	ocation:	Elevation Top Oil/Gas Pay	Total	Depth 7773	PBTD YOU	10
	<u> </u>	 	Top Oil/Gas Pay	Name o	f Prod. Form.	7,555 762	
P	C B	A	PRODUCING INTERVAL -		•		
		1	Perforations	5286' - 5758'			
E I	FG	H	Open Hole	Depth		Depth	5730'
			Open Hole	Casing	Shoe	[ubing_	2130
			OIL WELL TEST -				Chok
r	K J	I	Natural Prod. Test:	bbls.oil,	bbls water	inhrs,	min- Siże
			Test After Acid or Fractu				
MN	N O	1 1					Choke
	x		load oil used):	bb1s,011,	_DDIS water in	nrs,	_min. 512e
			GAS WELL TEST -				
001 fm2		1650'	Natural Prod. Test:	MCF/Da	y; Hours flowed	Choke	Size
	ing and Com	Sax					
Size	Feet	Jax	Test After Acid or Fractu	ure Treatment: 📥	033	MCF/Day; Hours	flowed
10-3/	222	200	Choke Size Metho	od of Testing: 2" I	flow Ripple	CAUP 1,03	<u> </u>
	-			. (8)	iala yeed	such as acid.	water, oil, an
7-5/8	3530	200	Acid or Fracture Treatmen		materials used;	30011 83 8014,	
<u>- 1</u>	5052	200	sand): 168,000 gal	Date first	new		
5-1	5953	200	Casing Tubing Press Press	oil run to	tanks		
			Oil Transporter				
1-1/4	5730		Gas Transporter El P		AS COMPOSITY		HIVE
	Barns	liner b	enger et 3395.93'.				
marks:				***************************************			C.1.0.1957
		•••••		*****************************		•	
I herel	by certify th	at the infe	ormation given above is tro	e and complete to	the best of my	knowledg	DIST. 3
nnoved	•		DEC 1 0 1957 , 19	PACIFIC IN	RINGST PI	PRLIEF CON	C. A. T. C.
proved	***************************************	•	,				
0	IL CONSE	RVATION	COMMISSION	By: Origi	nal signed b (Sign	y G. H. Per	pin
Origi	nal Sign	ed Emer	y C. Arnold	Title Distr	let Prereti	on Inginee	<u> </u>
By: Original Signed Emery C. Arnold				Send	Communicatio	ns regarding w	rell to:
tle Supe	rvisor Dist.	#3	*************************************	DACT	PIC NORTHWE		
				IASTIIG			
				Address	d West Bros	WASA.	

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