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.

				Parmington, New Mexic	o 6/30/61
ARE I	HEREBY R	EQUESTI	NG AN ALLOWABLE FOR	A WELL KNOWN AS:	
ينده وريشي	o ekokuu on		State of New Mass	Well No,	in
Mes 15	mpany or Op	erator) CO.	Degree or new(Temp)	NMPM.	Poo
P. L	, Sec	32	29N 10 W	, NMPM.,	red Gliris
···San··	Juan		County. Date Spudded	Date Drillin 12/31/60 otal Depth	PBID 1/6/61
Plea	se indicate	location:	Elevation	Name of Prod. Form.	3 2059
D T	C B	A	Top Oil/Gas Pay_1936	Hame of Floor	Pictured Clinic
			PRODUCING INTERVAL		
E	F G	H	Perforations 1935 196	5 Depth	Depth
-	· ·	` "	Open Hole	Depth Casing Shoe	Depth Tubing 1975
			OIL WELL TEST -		Choke
L	K J	I	Natural Prod. Test:	bbls.oil,bbls water	r inhrs,min. Size_
			Test After Acid or Fracture	Treatment (after recovery of vo	olume of oil equal to volume of Choke
M	N O	P	load oil used):bb	ls.oil,bbls water in	hrs,min. Size
			GAS WELL TEST -		
			Natural Prod. Test:	MCF/Day; Hours flowe	dChoke Size
				pack pressure, etc.):	
umng ,ci Sire	asing and Ger	Sax	Test After Acid on Fracture	Treatment:	MCF/Day; Hours flowed
	-	1	Chala Siza Method	of Testing:	3
4 2 4		1,	0.750	of Testing:	170
8-5/6	100	130	Acid or Fracture Treatment	(Give amounts of materials used	, such as acid, water, oil, and
42	2039	100	sand):	4 WESSE AND 30,000 LDS	. Hog. sarvi
1 12 1	1975	1	Casing Press.	oil run to tanks	
**************************************	1313		Oil Transporter		COST FILE
			Gas Transporter	o Natural Gas Company	/KILLIVID /
.emarks :	***************************************				
					JUL3 1961
					LINET 2
I he	reby certify	that the in	formation given above is true	and complete to the best of my	knowledges 1. 3
bproved	1 111 3 1	961	, 19	Montain States	rglem sorp.
				(Jank 1	1 Cole
OIL CONSERVATION COMMISSION				By (Sig	gnature)
			(1)	Title	
ly:On	riginalSis	inedEm	ery C. Arnold	Senu Communicat	ions regarding well to:
itle Su	pervisor Die	t.#3		Name	
				Name Mountain States	Petroleum Corp.
				Address D. O. Box 1741	. Farmington, N.M.

STATE OF NEW MEXICO
OIL CONS RVATION COMMISSIO
AL (D ST.) OFFICE NUMBER OF COLUES EAGLESTED ON SANTA FE U.S.G.S. GAS TRANSPORTER PROXATION OFFICE OPERATOR