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NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe. New Mexico

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

REQUEST FOR (ADMX) - (GAS) ALLOWAPLE

New Wel! 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.

u into t	into the stock tanks. Va. mus		it be reported on 15.025	Paridigten			1 -6- 65		
				` -	Place)		•••••••	(Date)	
ARE	HEREBY	REQUESTI	NG AN ALLOWABLE	FOR A W	ELL KNOW	N AS:		62 12 5	
stec (OLL & C	as Company	CAIN	, 1	Well No5	, ir		1/4	
			, T. 291 , R. 9						
ALTA .	Juan		County. Date Spudd	ed 6-21-4	5 4	ate Drilling	Completed	{=10=04	
		te location:	Elevation	~~	Total Dep	th44022			
D I	<u>~</u> T	ВА	Top Cil/Gas Pay	3/02	Name of Pa	red. Form.	 	MOOR VETTIC	
١ ١	C		PRODUCING INTERVAL -					_	
			Perforations 3702	·3732, 3v	50-3682, 1	284-4338,	4360-448	<u>*</u>	
E	F	G H	Open Hole		Depth Casing Sh	0e	Depth Tubing		
	l		OIL WELL TEST -						
<u>. </u>	K	J I	Natural Prod. Test:	hh1-	oil.	bbls water	in hre.	Chok min- Size	
			Test After Acid or Fr						
м	N	0 P						Choke	
``	.	X	load oil used):	bbls,oil,	,no	is water in _	nrs,	min- 512e	
			GAS WELL TEST - Natural Prod. Test:						
Size Feet Sax			Test After Acid or Fracture Treatment: MCF/Day; Hours flowed Choke Size Method of Testing:						
2-3/6			Acid or Fracture Treasand):	tment (Give a	amounts of mat	erials used,	such as acid,	water, oil, an	
				no :	Jate first new				
	 		<u></u>						
			Gas Transporter		outher	n Union 6	ethering	-	
marks:		Reconnect	Cil Transporter Gas Transporter Lon Date 7-15-64					LEI/UV	
1.25 E.J	•••••••						/RI	PFIATA	
H	o test	•••••	•		OD WELL L	CHICED OVE	R	1 1985	
I her	eby certif	ly that the inf	ormation given above is	true and co	omplete to the	best of my k	nowledge. J	CON CC	
pproved.		***************************************			Ċ <u>ĸ</u> ĠĠŶŶ	(Company of L SIGNED BY	Operator)	III DIST. 3	
			OMMISSION	Ву∶.		(Signa	ture)		
O	riginal	Signed Em	ery C. Arnold	Title	2	Operiat			
y:					ASTRE C	Manufaction	Comparding	well to:	
le Sur	pervisor [Dist. # 3	***************************************	Nan	ne	570 Farm	dogton.	Sev Mexico	
					Lanca	J. Chr. 257	madi again		