NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

REQUEST FOR (OML) - (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.

					lorado	December	1, 1959
T AOF I	UPDEBV DI	ratirecti	NG AN ALLOWABLE I	(Place)	ZNOWN AS.		(Date)
		•	on Co., USA Glenn B			:_ WW r	· 魚蛇 ·
(Co	ompany or Ope	erator)	(Lea	ie)			·
I	Sec.	28	, T. 29N , R	13., NMPM.,	Undesignate	ed Dakota	Po
Unit Li				0-24-50			10-22-50
			County. Date Spudded	To	Date Drill	ing Completed	233F
Plea	se indicate le	ocation:	Elevation 5791 GL Top Oil/Gas Pay	145 No.	tal bepth Com	Dakota	<u> </u>
D	C B	A		Ival	ne of Prod. Form.		
	Ì		PRODUCING INTERVAL -	_			
E +	F G	H	Perforations 6143-88	6239-71, 6	277-82	Depth	
"	r G	"	Open Hole	Ca:	sing Shoe 6367	Tubing_	6151
			OIL WELL TEST -				
<u>د</u> ا	KJ	II	Natural Prod. Test:	bble oil	bble was		Choke
	l	x					
1	N O	 p 	Test After Acid or Frac			•	Choke
•	" °	-	load oil used):	_bbls,oil,	bbls water i	nhrs,	_min. Size
			GAS WELL TEST -				
			Natural Prod. Test:	MCI	Day: Hours flow	ed Choke	Size
Mng Car	sing and Geme	nting Recor					
Size	Feet	Sax	Test After Acid or Frac				
	 		7			MCF/Day; Hours	flowed
5/8"	154	75	Choke Size 3/4 Met	nod of Testing:	GHOVE		
	626	350	Acid or Fracture Treatme	nt (Gi ve amounts	of materials used	d, such as acid,	water, oil, and
711	6367	350	sand): 80,000 gal	_			_
2 3/8"	6151		Casing Press. 1094 Tubing Press.	Date fir	st new	CULI	1
- 3/0	1 01)1					-/RILL	VED \
			Oil Transporter MCW	ood Corporat	100	1 IVECTI	·
	<u> </u>		Gas Transporter R1 R	so Matural G	es Company	1 DEC3	1959
narks:	Well eur	rently (shut in waiting on	FFC certific	ata	LOW CON	I. COM:
				*****************	······	DIST	r. 3/
			***************************************		····		
I herel	hu certify the	at the info	rmation given above is t	ue and complete	to the best of my	knowledge.	
				**	ee Gas Trans	mission Com	Deny
roved		••••••	DEC.3, 19		(Company	or Operator)	*
01	II CONSED	WATION	COMMISSION	Rv.	nwalke	/ R. N.	Walker
O,	IL COMSER	CAVITON	COMMISSION	,	(Sig	mature)	
Orig	inal Signe	ed Emer	y C. Arnold	Title Dist	rict Product	ion Superin	tendent
***********	Supervi	sor Dist. #		Se	nd Communicat	ions regarding w	ell to:
e	•		······································		N. Walker		
				Name	Ma same		
				Address	·X		-1
				Address	0. Box 1714	Durango. C	olorado

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