NEW-MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

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)	do .	_
E ARE I	HEREBY I	REQUEST	ING AN ALLOWABLE FO	, ,	AS:	(Date)
Tanna	ao Gorya	millen. V	M. Claus I. Caller	, Well No 18		1/4
	Se	perasor)	(Lease T, R 13.W	1)		-
			County. Date Spudded	Jelinel Dat	Drilling Complete	3-81-61
Please indicate location:				Total Depth_		
D	C B	A	PRODUCING INTERVAL -	Name of Prod	· Form.	
			Perforations 503-2	1		
	F G	H	<u></u>	Depth Casing Shoe	Dep Tub	th ing
L	K J	I	OIL WELL TEST -			Chok
- 1	į		Natural Prod. Test:	bbls.oil,b	ols water in	ors,min. Size
M	N O	P		re Treatment (after recove		
*	.		load oil used):	bbls.oil,bbls	water in <u>hrs</u> ,	Choke min. Size
			GAS WELL TEST -			
•				,		
				MCF/Day; Hour		
_ •		enting Recor	Method of Testing (pitot,	back pressure, etc.):		
Size	Feet	Sax	Test After Acid or Fractu	re Treatment:	MCF/Day; Ho	ours flowed
8 5/8"	145'	125	Choke Size Metho	d of Testing:		
h = /e#	-	ala	Acid or Fracture Treatment	t (Give amounts of materia	le need such as ac	id water oil and
4 1/2"	5650'	840		•	•	
/e=	2600		sand): 25.000 Tubing	Date first new		6 1M. 621
2 3/8"	5609		Casing Tübing Press.			
			Oil Transporter Tour	Persona Pipeline &	ALL THE	TIME
· · · · · ·	 		Gas Transporter		-/otl.f	
marks:	••••••••			***************************************	Trni	m11 LD
		••••••••	***************************************	***************************************	APR6	1961
•••••	••••••	•••••	***************************************	·····	4	IN, COM
I hereb	y certify th	at the info	rmation given above is true	and complete to the best		3
proved	April	APR	6 1961 , 1961		- Corporation	
-			· · · · · · · · · · · · · · · · · · ·	02/9	mpany or Operator)	100 THE
			COMMISSION	By:	und	l. I. Pin
		,	· · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , , ,	(Signature)	
•	************	***************	***************************************	Title Matrict Pro		intendent
		a the second	and the second s		unications regardin	g well to:
le	**************		***************************************	Name L. B. Fluid		
				TVAINC		
			1	Address P. C. Box	Tile, Burange,	Colorate

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