NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

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

Recompletion

REQUEST FOR (OIL) - (GAS) ALLOWABLE

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.

					Durango, Calerado(Place)			Jamery 13, 19		
		-			OR A WELL K Calloy Well No			er e	1/	• /
(Co	mpany or Op	erator)		(Lease		3 	, ın	D.E	· /4	/4,
Unit Le	, Sec.	26	, T 291	, R 13	, NMPM., .	Totah	Gellu			Pool
Sen J	1071	***********	County. D	ate Spudded	10/26/59	Date :	Drilling Co	mpleted	11/15/	59
	se indicate l		Elevation	5784 GL	Tot	al Depth	6360	PBTD	6266	
D	C B	A			Name	e of Prod.	Form	ellup_		
			PRODUCING I							
E	F G	H		5 <u>506</u>	Den:	th		Depth		
	X				Cas	ing Shoe	6359	Tubing	55ho_	
L	KJ	1 1	OIL WELL TE	-						Choke
			Natural Pro	d. Test:	bbls.oil,	bbl	s water in	hrs	,min.	Size_
M	N O	P			re Treatment (af				Cho	ka
		-			bbls.oil, 6	bbls wa	ter in 🌉	hrs, _0	min. Siz	-20/ 6
			GAS WELL TE	<u>sī</u> -						
				d. Test:	MCF,	/Day; Hours	flowed	Chok	e Size	
Eubing ,Cas Sire	ing and Ceme Feet	nting Recor			back pressure,					
3116			Test After Acid or Fracture Treatment: MCF/Day; Hours flowed							
9 5/8"	172	100	Choke Size_	Metho	d of Testing:					
7"	6359	350	Acid or Frac	cture Treatmen	t (Gi ve amounts o	of material	s used, suc	h as acid,	water, oi	, and
		970	sand): 80.	000 1bs sa	nd, 50,000 Date fir	ml oil				
2 3/8"	5529		Casing Press.	Tubing Press	_leo_oil run t		Becenber	26, 1	959	
		_	Oil Transpor	rter No Vo	od Corporati	Les-		TIP	THAN	
	<u> </u>		Gas Transpo:	rter	aso Heturel	Gas Com	pany /	RELI	IVIN	
emarks:		••••••	errericing concentrations					RIALLA		
		•••••	***************************************			***************************************		··· CHOLA-T	5 1960	Ì
T b 1					e and complete t	o the hest			N. CON	
	•				Termograe	o the best		icas Dis		
pproved		***************************************		J 1 J	//) (Co	mpany or O	cerator)		
OI	L CONSER	RVATION	COMMISSI	ON	Ву:	nwal	Re	.R. # 1	alker	
Ori	ginal Sign	ed Ema	erv C. A				(Signature			
Original Signed Eme				OIG	Title. Matrict. Production Superintendent Send Communications regarding well to:					
itle	tleSupervisor D		hst. # 3					- ·	_	
					Name	- Walke	*	····		
					Address	0 Box	1714, D	WILEO,	Colora	0

e de la companya de

(i) A the contract of the c

The state of the s

Mark to the first term of the

ា ពី 🕻 🧎 ។ ។ទី៤២៦

CILIONSERVATION COMMISSION

TO DISTRICT OFFICE

4

The Mark of the first of the fi •

医乳球性造物 医生物性 计通信性