NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

(Form C-104)

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.

					urmago, Col (Place)	orado	March 19, 1963		
VE ARE I	HEREBY F	REQUESTI	NG AN ALLO	WABLE FOR	A WELL KNO	OWN AS: 1 , in	a tr	, ,	
(Co	mpany or O	perator))OTTCO*ner	(Lease)	, Well No	. , in	<i>dl</i>	/4	
P. Unit L	Sec	c21	, T29.N	., R 13 W	, NMPM.,	Ba	sin Dako	Pool	
n.Juan			County. Dat	e Spudded12	-17-62	Date Drilling	Completed	12-27-62	
Pleas	se indicate	location:		· •		Depth 5840		5788	
D I	C B	A	Top Oil/Gas P	ау <u> 5632</u>	Name o	f Prod. Form. I	akota		
			PRODUCING INT	ERVAL -			•		
E	F G	H			662-74; 573		Depth		
-		"	Open Hole		Casing	Shoe <u>5839</u>	Tubing_	5604	
L	K J	 	OIL WELL TEST	: -					
"	, 1	I	Natural Prod.	Test:	_bbls.oil,	bbls water i	nhrs,	Choke min. Size	
37	· ·		Test After Ac	id or Fracture	Treatment (after	recovery of volu	me of oil equ		
M	N O	P	load oil used):bbl:	s,oil,	_bbls water in	hrs,	Choke _min. Size	
		X	GAS WELL TEST	-					
····		- 	_ Natural Prod.	Test:	MCF/Da	y; Hours flowed _	Choke	Size	
ubing ,Cas	ing and Cem	enting Reco	_			.):			
Size	Feet	Sax				255 MC			
0 = /0n	3-6	206				Floring			
<u>8-5/8"</u>	156	206							
4-1/2"	5824	310				materials used, su	ich as acid,	water, oil, and	
2-3/8"	5592		Casing	Tubing	Date first	new	TITTO		
	777-	 	-		oil run to	10	1417.19c	D	
					<u>Corporation</u> Natural Ge	a Company	Clusin	063	
-marks			- Gas Transporte			- valpaily:	MAR 21	com:	
	······			•••••		••••••	01/	COM.	
		***************************************				,	0131		
I hereb	ov certify th	nat the info	rmation given a	bove is true ar	nd complete to t	he best of my kne	owledge.		
proved	MAR 2 1 191	63		19	Tenneco Cor	p., acting b	y & thru	its managing	
, p				, 20	-2/	Company or	Operator)		
OI	L CONSE	RVATION	COMMISSION	v :	By: 1/1/1/4	FESILYY (Signatu		ert E. Sive	
. Orig	ginal Sig	ned Eme	ry C. Arnol	d .		t Production			
itle Supervisor Dist. # 3					Send (Communications	regarding w	ell to:	
ue T.T.M.		T Y	***************************************	••••••	Name Rober	t E. Siverse	n		
					Address P. C	. Box 1714,	Durango.	Colorado	