NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

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. Cas must be reported on 15.025 psia at 60° Fahrenheit.

F ARF HF	RERV RI	EOUESTI	NG AN ALLOWABLE FOI	(Place) R A WELL KNO	OWN AS:	(Date)
		_				SE 1/2 SE 1/2
(Comp	any or Ope	erator)	(Lease)			
P	, Sec.	20	, T. 29N , R. 13W	, NMPM.,	West Kut	Z P∞o
Unit Letter						
an Juai	a		County. Date SpuddedAL	ig	Date Drilling C	/2 PBTD
Please	indicate l	ocation:	Top Oil/Gas Pay 1104			
D C	В	A		Name or	Prod. Form. F1	somed offire
	ļ		PRODUCING INTERVAL -			•
TO 100	 	TY	Perforations None	- open ho	le	Depth
E F	G.	H	Open Hole 1108 - 11	0 1/2 Casing	Shoe 1108	Tubing 1139
			OIL WELL TEST -	•		
L K	J	I		hble oil.	bbls water in	Choke hrs, min Size
				•		me of oil equal to volume of
M N	0	P				Choke
				ols, 011,	DDIS Water in	hrs,min. Size
		X	GAS WELL TEST -			
			Natural Prod. Test: '79	MCF/Day	; Hours flowed	3 Choke Size 3/1
bing Casin	g and Ceme	nting Reco	Method of Testing (pitot,	back pressure, etc.	: Rack Pr	ssure
Size	Feet	Sax	Test After Acid or Fractur	e Treatment: N	one MCF	/Day; Hours flowed
			Choke SizeMethod			
5/8	104	100				
5 1/2	1108	50	Acid or Fracture Treatment	(Give amounts of m	naterials used, su	ch as acid, water, oil, and
7 1/2	1100		sand):None			CEPEH IN
			sand): None Casing Tubing Press. Press.	Date first n	eanks	RILIVEN
			Oil Transporter			- WEOFIATO
			Gas Transporter None			NOV6 1959
	Wall	ahut "i	n waiting on pipe			IL CON CON
marks:	L.L.	.BIIUV.#I.	itagrerifeam.h.h.h.	No. of Concession, Name of Street, or other Persons, Name of Street, or ot		DIST 3
	· · · · · · · · · · · · · · · · · · ·		••••••	***************************************		
					he hash of muchas	nuladas
I hereby	certify th	at the info	ormation given above is true	and complete to the	ne best of my kild	wieuge.
proved		NC	<u>V 6 1959 , 19</u> , 19	***************************************	(Company or	Derator)
			N 6 1959 19 19	· /.		in the land
OIL	CONSE	RVATION	COMMISSION			
y: Original Signed Emery C. Arnold				Title		
. ∵	(A C C C C C C C C C C C C C C C C C C C	***************************************		Send !	Communications	regarding well to:
tle	Su	pervisor D	ist. # 3			
				NameTed.	WWhite	
				11/2	mann N	.E.Albuqu erque, N

OIL COMPLETE THE DWARF
the state of the s
, ,
1/

•