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.

			Albuquerque, N.W. April 28, 1960 (Place) (Date)
WE ARE I	HEREBY R	EQUESTIN	NG AN ALLOWABLE FOR A WELL KNOWN AS:
Ted R. White (Company or Operator)			, Well No <u>1.X</u>
Unit L	iter		, T29N, R13W, NMPM.,West Kutz
San.J	uan		County Date Spudded8/28/58 Date Drilling Completed9/15/58
Plea	se indicate l	ocation:	Elevation 5383 Total Depth 1710 1/2 PBTD
D	C B	A	Top Oil/Gas Pay 110 Name of Prod. Form. Pictured Cliffs PRODUCING INTERVAL -
E	F G	Н	Perforations Open Hole Completion Depth D
	K J	I	Open Hole 1108 to 1140 1/2 Casing Shoe 1108
L	K J		Choke Natural Prod. Test: bbls.oil, bbls water in hrs, min. Size Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of
M	N O	P	Choke load oil used): bbls.oil, bbls water in hrs, min. Size
		<u> </u>	GAS WELL TEST -
tubing ,Cas	sing and Ceme	enting Recor	Natural Prod. Test: 796 MCF/Day; Hours flowed 1 Choke Size 3/1. Method of Testing (pitot, back pressure, etc.): Delivery wat
Size	Feet	SAX	Test After Acid or Fracture Treatment:MCF/Day; Hours flowed
8 5/8	104	100	Choke Size Method of Testing:
5 1/2	1108	50	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and
1"	1139		Casing Tubing Date first new Press. Press. oil run to tanks
			Cil Transporter
Remarks:			Gas Transporter MAY 1 2 1960 OIL CON. COM.
		*******	DIST. 3
T hand		at the infe	
			rmation given above is true and complete to the best of my knowledge. 19
-			COMMISSION By: C. K. Stewart (Signature)
By: Orig	inal Sign	ed Emer	TitleAgent
Title Supe	rvisor Dist.	# 3	NameTed M. White
			Address 1/2 Truman, N.E. Albuquerque, N. M.

STATE OF NEW 10	EXICO
OIL CONSERVATION CO	
AZT C DISTRICT	FICE
NUMBER OF COP ES ASCETVED	4
D 57	<u> </u>
SANTA FE	
FILE	
IJ.S.G.S.	L
LAMD OFFICE	
TRANSPORTER GAS	
PROPATION OFFICE	<u> </u>
OPERATOR	I

•

•