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

.... 27, 1959
(Place)   (Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

...., Well No. 10, in SE ¼ NW ¼,
(Company or Operator)   (Lease)

..........., Sec. 23, T. 24, R. 11, NMPM., ... Pool
Unit Letter

.... County. Date Spudded 1/5/9   Date Drilling Completed 1/11/59

Elevation 5750'   Total Depth 2173'   PBTD 2164'

Top Oil/Gas Pay 2095'   Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

Perforations 2096' - 2121'

Open Hole _____   Depth Casing Shoe 2140'   Depth Tubing 2135'

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Choke Size ____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Choke Size ____

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: AOF 1110 MCF/Day; Hours flowed 3

Choke Size 3/4" Method of Testing: back pressure

Tubing, Casing and Cementing Record

Size	Feet	Sax
8/5"	11	10
4 1/2"	211	75
1"	2135	

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): Sand - 10,110   water - 10,500 gals.

Casing Press. _____   Tubing Press. _____   Date first new oil run to tanks _____

Oil Transporter _____

Gas Transporter Southern Union Gas Co.

Remarks: ....

....

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved .... 27, 19....   ....
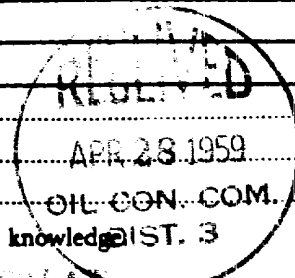   (Company or Operator)

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title Supervisor Dist. # 3

By: ORIGINAL SIGNED BY JOE C. SALMON
(Signature)

Title ....

Send Communications regarding well to:

Name ....

Address Box 716, ...

OIL CONSERVATION COMMISSION		
AZTEC DISTRICT OFFICE		
No. Copies Received	/	
	2	
Operator	/	
	/	
Operator Rep.	/	
State Land Office		
U.S.G.S.		
Transporter		
File	/	✓