CISTRIBUTION BANTA F FILE U.S.G.5 LAND OFFICE TRANSPORTER PRORATION OFFICE OPERATOR

NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

REQUEST FOR (OIL) - 10.46 ALLOWAPLE



New Well KENTREEN

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 recompletio. The completion date shall be that date in the case of an oil well when new oil is deliv-

ed into the	stock tanks	s. Gas mus	t be reported on	15.025 psia a 1	at 60° Fahrenhei Farmington, I (Place)	t. New Next co	Jul	y 31, 1961 (Date)	
merican F	etroleum	Corpor	ation-Navajo	Tribal "	A WELL KNO	, i			
A	, Sec	23			, NMPM.,				
San Ju			County. Dat	e Spudded	(GL) Total	Date Drilling	Completed T	11y 7, 1961 5064	
Please	indicate lo	cation:	Ton Oil/	av 4978 1	Name o	of Frod. Form.	Gallup		
D C	В	A			tted sasing				
		X			d upper Gally	up with 8 s	ets per fo	ot 4977-4981	
E F	G	H	Open Hole	• •	Depth Casing	Shoe 5108	Depth Tubing		
			OIL WELL TEST					Choke	
L	C J	I	Natural Prod.	Test:	bbls.oil,	bbls water	inhrs,	min. Size	
			Test After Ac	oid or Fracture	e Treatment (after	r recovery of vo	lume of oil equ	ual to volume of Choke	
M	0	P	load oil used	d): 166 bi	ols,oil,	bbls water in	24 hrs, 0	min. Size20/6	
		<u> </u>			g oil well.				
570' FNL	and 670	FEL 2	Natural Prod.	. Test:	MCF/D	ay; Hours flowed	Choke	Size	
Eubing ,Casi Sure	ng and Center	_	Method of Te		back pressure, et		MCE (Davie Hours	Elawärd 1	
	. 1		Test After A	cid or Fractur	e Treatment:			3	
8-5/8*	196'	195			cf Testing:		10.012	3	
4-1/2"	51261	200	Acid or Fraction ():	oo gallen	(Give amounts of	materials used,	d (600 Ear	ions MCA)	
2-3/8"	50551		Casing Press.	Tubing Press•	Date first oil run to	new July	14, 1961		
			Oil Transpor	ter Four Co	orners Pipeli	ne Company			
		<u> </u>	Gas Transpor	ter NONE		\$-1- 00 10	41 Peter	tial test	
lemarks:	Complete	d as To	tah Gallup I	Held Deve	lopment well lay on 20/64	shoke. T	bing press	ure flewing	
	1041 0	anned 3 A	A HATTELS OI	GTT ber	مندانت مديد الاستعاد				
60 pai.	ensing P	ressure	flewing 34	here our	eted Gravit	the best of my	knowledge.		
I hereb	y certify th	at the inf	ormation given	, 19	and complete to	orican Petr	oleum Corpo or Operator)	ration	
-Ph.0164,		. 47 :							
OI	L CONSE	RVATIO	N COMMISSIO	ON	Ву:	······································	ature)		
D	1 1602	مرسونا الم	m C. Amode	4	Tide Admin	istrative C	lerk		
By: ()riginal Signed Emery C. Arnold Title Supervisor Dist. # 3.					Send Communications regarding well to.				
Title .Sunar	wisor.Dist	<i>4.</i> 3			Boy L	.00. Farming	ton, hew h	6:X3.04	
			•		Address Att	li L. O. Si	Ber. Jr.		

			
STATE CT		F-235, 1	. /
OIL CONSES			7
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NUMBER OF COLL .	,	4	
SANTA FE		1	- 1
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL GAS	Ī	
PRORATION OF FICE	-	7	
OPERATOR			
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