## 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.

					<b>Farmington</b>	, Hev Mex	<b>200</b>	outries.
				•••	(Place)			(Date)
			NG AN ALLOW					
Redfe	rn å lierd	l, Inc.		Walker	, Well No	1	, in <b></b>	!/4
(Con	npany or Ope	rator) 3	, T. 2911	(Lesse) D 12W	NACON	Undesi	gnated	-
Unit Later								
	an Juan		County. Date S	pudded	-12-60	Date Drill	ing Completed	5-12-60 
Please	indicate lo	cation:	Elevation	6281	. Total Name o	Depth	PB	TD
D C		A	100 011/088 187		Name o	f Prod. Form.		
			PRODUCING INTER					
E F	P G	H			, 6402-07, 6 Depth			
x		"	Open Hole	Neme	Depth Casing	Shoe	Tubir	6527
			OIL WELL TEST -					
L	J	I	Natural Prod. Te	est:	bbls.oil,	bbls wat	er inh	Cho s,min- Siz
					Treatment (after		*	
M	0	P			s.oil,			Chake
			GAS WELL TEST -			_		
·		1						
<del></del>				est:	MCF/Day	y, Hours flow	edCho	oke Size
bing ,Casi Sire	ng and Gemen	_			ick pressure, etc.			9 1
Sire	Feet	Sax	T .	•	Treatment:			
8-5/8	232	150	Choke Size 3	Method o	of Testing:	ne borns	neek pres	MI-0
41	6620	***	Acid or Fracture	Treatment (	Give amounts of m	aterials use	d, such as aci	d, water, oil, a
44	0020	300	sand), 53.0	00/ ed 5	3,000 gal wa	ter		
14	6527	•	Casing 1985	Tubing 1	Off Date first no oil run to t	ew Tes	t 6-10-60	
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			1	-		<del></del>	/-05	11.
marks:			Gas ITamsporter_				/orli	IVFN\
			CACP	2218		a	/ KLUL	iirn /
			·			*	AUG1	5 1960
I hereby	certify tha	t the info	rmation given abo	ve is true a	nd complete to t	he best of my	1	£
	UG 1 5 1960		8		Redfern	& Herd		т. з
proved	***************************************		······································		_	(Company	or Operator)	The state of the s
OIL	CONSER	VATION	COMMISSION		By: Original			<u></u>
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			************************		1 itte	lting Eng		
Supervisor Dist. # 3			×				ions regarding	well to:
le	••••••••••			********	Name	ern & Her	<u>a</u>	
	*				Box	1747, HI	land, Tex	RS
					Address	<del></del>		

STATE OF NEW MEXICO

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ALL C DISTRICT OFFICE

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S. M.A. FE.

O. S. T. D. ST. D. TCN

TRANSPORT. R. OIL

PROMATICAL STATE

OPERATOR