REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well

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.

		Fermington, New Mexico (Place)			0ctober 25, 1960. (Date)				
El Paso	Natural	Ges Com	NG AN ALLOW.	omfield.				NE/	4NE
(Com	pany or Oper	rator)		(Lesse)					
Unit Lett			, т. 29-м,	RLATW	, NMPM.,!	AAAAAA.	MEETO!	R	P
San Jua	a		County. Date S	Spudded 8	-22-60	Date Dr.	illing C	cmpleted	9-5-60
	indicate lo		Elevation	622	. Total	Depth	6 55 8	\$efb•	6490
			Top Oil/Gas Pay	52451 (P	Name o	of Prod. Fo	rm.	Pakota	
D C	; B	A	PRODUCING INTER	VAL -					
		X	Perforations 62	 +5-6258;6	266 -6278;63	35-6347;	6354-	6364;6372	2-6378;
E	G.	H			Depth Casin			D41	
			OIL WELL TEST -						
LK	C J	I	Natural Prod. T	est:	bbls.oil,	bbls	water in	hrs.	Cho min- Siz
	1	1			Treatment (afte				
M	0	P			ls.oil,	-		·	Choke
)	GAS WELL TEST -						
TING N.	990 B		Natural Prod. T	est:	_MCF/D	av: Hours f	lowed	Choke	Size
•	ng and Cemen		_		ack pressure, et				
Size	Feet	Sax			Treatment: 821				
			7		of Testing:				
0 3/4"	281	330	Choke Size 3/4	inc circo	7030119		TA BALL		
5 1/2"	6549	418	Acid or Fracture	e Treatment	Give amounts of	materials	used, su	ch as acid,	water, oil, a
<i>,</i>			sand): 73,200	gallons	vater & 58	000 # Ba	nd.		
			Casing Press. 2014	Tubing Press. 20	Date first Oil run to	new tanks			
			┪		Natural Ga				
2"	64 61		l .		Natural Ca			~ *	170
emarks:									
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		*****	••••••					U	3 190
7 h	ماند ماند	· · · · · · · · · · · · · · · · · · ·	ormation given ab			the best of	f my kno	owiedge.	S: 40
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proved	uw1eg!99	Y	•••••••••••••••••••••••••••••••••••••••	., 1		(Com	pany or (Operator)	
O	CONSED	VATION	COMMISSION		Ву:				
					=1		(Signatu	ire)	
. Origin	nal Signe	d Emer	y C. Arnold		Title Petro	leum Eng	gineer		
					Send	Commun	ications	regarding v	rell to:
itle Supervisor Dist. # 3					Name. B. Oberly				
	•				Address Box	990. Fai	minat	on. New	Maxico

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