REQUEST FOR (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.

IATE A OF I	JED EDW	DEOLIECT:	INC AN ALLOWARD	(Place)		August	2(<u>s</u> 1959 (Date)	
NE AKE I J. Gle	iekeby nn Turr	KEQUEST:	Rosa Unit	FOR A WELL KNOWN Well No34-3	AS:	NT.T	1177	
Unit B Sec. 36			T 32-N R 6-W , NMPM, Undesignated				P00	
Please indicate location:			County. Date Spudded. May 7, 1959 Date Drilling Completed June 13, 195 Elevation 6,644 Total Depth 6149 PBTD					
	<u> </u>			Name of Proc				
D	C	1 1	PRODUCING INTERVAL -					
		X	Perforations 5812-	6070				
E	F G	H	<u> </u>	Denth	Depth Depth Casing Shoe 6149 Tubing 6053			
			OIL WELL TEST -				<u> </u>	
L	K J	I		bbls.oil,b	oble water is	h	Choke	
				ture Treatment (after recov				
М	N O	P		_bbls.oil,bbls			Ch . I	
	ļ		GAS WELL TEST -		bbis water in		1111. 2126	
<u> </u>				MCF/Day; Hou				
9-5/8	187	Test After Acid or Fracture Treatment: 4.418 MCF/Day; Hours flowed Choke Size •75 Method of Testing: Back Pressure						
5-1/2	5-1/2 6149		Acid or Fracture Treatm	ent (Give amounts of materi	als used, such	as acid, wa	ter, oil, and	
2"	6054	Non e	sand): 60,000 gal	lons water, 60,000	pounds sa	nd.		
Tubing		140110	Casing Press. 1152 Press. 1152 Date first new oil run to tanks Not connected		nected			
						offi	4	
L			Gas Transporter El F	aso Natural Gas Con	Dany will	VIOT! A	10)	
lemarks:	Well.	.shut in	to avait pipe line	connection.		AUG 281	959	
		•••••••••••••••••••••••••••••••••••••••			/0	IL CON.	COM.	
I hereb	v certify t	that the info	rmation given above is t	ue and complete to the bes	st of my know	DIST. 3	3	
pproved			8 1959 , 19	J. CLEAN TUR	HER A			
OI	L CONSE		COMMISSION	By: Alle	Company of Op	/		
Origina	1 2:-	1 D	_	Title C. Beeson Ne	\ - G	•	nation	
y: \\\.\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	iiaigne	a⊬me ry S	C. Arnold		nunications re			
Title	• • • • • • • • • • • • • • • • • • • •	Supervisor	Dist. # 3	. Nome C. Bee	son Neal			
-				Name Box 728 -		n. New Mo	vice	
				Address	- OKMALIE OU	11GM 17G	WELLO.	

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