## NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

## REQUEST FOR (Oddic) - (GAS) ALLOWABLE

New Well

August 1, 1961

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.

Farmington, New Mexico

E ARE H	IEREBY R	EQUESTI	ING AN ALLOWABLE	FOR A WELL KN	OWN AS:		(Date)
La Plat	a Gather	cing Syst	tem, Inc.	, Well No	2-23 , ir	<b>SE</b>	1/4 NE 1/4,
	• •		T 32-N R 6		Raniaxi Blar	ico Mesa '	Verde ,
Unit La	ter						
do Arr	'iba		County. Date Spudde	d May 24, 1961	Date Drilling	Completed	July 11, 19
Pleas	e indicate	location:	Elevation 6.43				
D	C B	A	Top 🎎/Gas Pay 5	Name o	of Prod. Form.	Mesa Ver	<u>de</u>
			PRODUCING INTERVAL -				
2	F G	H	Perforations 5,50	01: - 5,312 Depth			
			Open Hole	Casing	Shoe 8, <b>0</b> 97	Depth Tubing	5,565
		X	OIL WELL TEST -				
L	K J	I	Natural Prod. Test:	bbls.oil,	bbls water	in hrs.	Choke
			Test After Acid or Fra	•			
м :	N O	P	load oil used):			•	Choke
			GAS WELL TEST -				0126
			Natural Prod. Test:		-		
bing ,Cas: Size	ing and Gem Feet	enting Recor	, , , , , , , , , , , , , , , , , , ,				
			Test After Acid or Fra				
-5/8	6 <b>21</b> .	350	Choke Size 0.75 Me	thod of Testing: F	ow through	wbing	
-1/2	8,097	375	Acid or Fracture Treatm	ment (Give amounts of	materials used, s	uch as acid,	water, oil, and
-1/2	Set at		sand): 115.100 gr	1./water - 110,	000# send.	si <del>n</del>	
ubing	5,565	None	Casing Tubing Press. 1,148 Press	Date first	new	oil wall	
	-	<b> </b>	Cil Transporter_			/	PEIL
		<u> </u>	Gas Transporter <u>kil</u>			7 p/R	TITIVE
narks:	<del></del>		•				Por 3.4
This	is dual	. complet	tion. See separate	report for Dak	ota formatic	m Jete AU	<b>G 2 1</b> 961
				and the state of t	and the second s	OIL	CON. Com
Ihereh	اه رویهزار دا	at the info	ormation given above is	true and complete to	the hest of my kn	1	PIST. 3
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ν ολ <b>έ</b> α…[.		¥	, 15		(Company or	Operator)	
OII	L CONSE	RVATION	COMMISSION	By://20	16/11/20		
01				-170	(Signati	rtc)	
Ori	kinal Sig	ned Em	ery C. Arnold	* * * * * * * * * * * * * * * * * *	son Neal, A		
Supen	isor Dia	# •	No. April 1		Communications	regarding w	en w.
le Supervisor Dist. # 3				Name	eson Neal		
	• 1,			Address P. O.	Box 728 - 1	armingto	n, New Mexico
				Varia 229***********************************	***************************************		