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.

		(Place)			(Date)
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	(1 a	, Well No	, i	n	.1/4
26	T 31M D	13W NMPM	Undesignate	ed Dakota	Da
· · · · · · · · · · · · · · · · · · ·	County. Date Spudde	d 2/9/60	Date Drilling	Completed	3/13/60
location:	Elevation 3800 KB	Total	Depth 6760	PBTD	8400
T .	Top Oil/Gas Pay	Name o	f Prod. Form.	DEROCA	
A	PRODUCING INTERVAL -				
	Perforations 6540-	6 580, 6589-65 91,	, 6 599-66 01,	6612-66	1.8
H	Onen Hole	Depth Casing	Shoe 6757	Depth	6532
		Casing	3106	rabing	
- 	•				Chol
•	Natural Prod. Test:	bbls.oil,	bbls water	inhrs	,min. Size
	Test After Acid or Fra	cture Treatment (after	recovery of vol	ume of oil e	qual to volume o
P	load oil used):	bbls.oil,	_bbls water in	hrs,	Choke min. Size
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	_ Natural Prod. Test:	0 nCF/Da	y; Hours flowed	Chok	e Size
menting Recor	Method of Testing (nit	ot, back pressure, etc	Too sua	ll to mes	S LICE
Sax	#	AC	1500		3
	Test After Acid or Fra	cture Ireatment:	r Interiol D	MCF/Day; Hour	s flowed
	Choke Size Me	thod of Testing:			
	Acid or Fracture Treats	ment (Give amounts of	materials used.	such as acid	, water, oil, an
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	Casing 2013 Tubin	9 2013 Date first	new		
 	Press. Press	oil run to	tanks		
1	Oil Transporter	z a sursum fruc	king co.		TELL
	Gas Transporter Sour	nern Union Ges	co.	——————————————————————————————————————	////////
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hat the info	ormation given above is	true and complete to	the best of my h	1	DIST 3
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	APR 2 5 1960 19	COMBOLIDA	LED OIL ?	GAS INC.	
	APR 2 5 1960 , 19	CONSCLIBA	Company o	CAS DIC.	
			*******************	CAS DIC.	
	APR 2 5 1960 , 19.	By:	*******************	Operator)	
RVATION	COMMISSION	By:	(Company o	Operator)	
RVATION ed Emer		By:	(Company o	Operator) Atture)	well to:
RVATION	COMMISSION	By:	(Company of Company of Communication Communi	Operator) Atture) BY as regarding	well to:
RVATION ed Emer	COMMISSION	By:	(Company o	Operator)	
	location: A H I P menting Recor Sax	County. Date Spudde Elevation Section: County. Date Spudde Elevation Section Record Section Section Record Section Section Record Section Record Section Section Record Section Record Section Section Record Section R	REQUESTING AN ALLOWABLE FOR A WELL KNOWABLE FOR A WELL TOTAL FOR A WELL TOTAL FOR A WELL TEST - Natural Prod. Test: Natural P	(Place) REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS: Le GAS, DRG. , Well No. 3 , Well No. 4 , Well No. 3 , Well No. 5 , W	LEQUESTING AN ALLOWABLE FOR A WELL KNOWN AS: LE GAS, INC. PORTOR TO 31N R. Well No. 3 in. No. 100 in. No. 100 in. 1

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