NUMBER OF COP	. .			
D)	ON	3		
BANTA FF			and the second second	7
FILE		1	1	
U. S. G. S.		†		-
LAND OFFICE		<u> </u>		
TRANSPORTER	OIL			_
	GA5		!	
PROPATION OFFICE				_
OPERATOR		1 -		

NEW MEXICO OIL GON ERVATION (DM AISSION have Fe, New Mexico

REQUEST FOR XXXIX . (GAS) ALL ARLE

New Well

(₹3cm C-104)

ಾರ್ red 7/1/57

This form shall be submitted by the operator before an initial allowable will be assigned to any com, letted 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 (iii) A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletio. 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.

				• • •	Parmington,	New Mexico	•	_
HER	EBY R	REQUEST	ING AN ALI	LOWABLE FOR	A WELL KNO	WN AS:		(Date)
10 01	l and	Gas Con	Acti A	Eas	Well No.	11 ;	. 🛣 :	
Compan L	y or O	perator)	91 w	(Lease)	,		······································	/4 '/
Letter	, Sec		, Т. Зіл	, R. 124	., NMPM.,	Besin Dake	ta.	Po
ian J			County. I	Date Spudded 8	/17/62	Date Drilling	Completed	9/10/62
			Elevation	0000 0.	Total De	epth 7240	PBTD	7277
C	В		Top Oil/Ga	s = 2y 7044	Name of	Frod. Form.	Dekote	
J	"	X	1					
	<u> </u>		Perforation	6972-82, 698	39-6994, 7050	0-83 with 4	shots pe	r ft.
F	G	Н						- Lara
								
K	J	I			thic oil	LLI		Chok
								-
N	0	P						a. .
					oil,b	bls water in	hrs,	min. Size
	L		~					
			4				Chake	Si ze
		_	0100 01 1					
	- <u> </u>	CEA	Test After	Acid or Fracture Tr	reatment: ACF-4	1625 MC	F/Day; Hours	flowed 3 hr
8 3	22	250	Choke Size	3/4" Method of	Testing:	ack pressu	79	
2 7	240	850	acid or Fra	cture Treatment (Gi	ve amounts of mat	terials u sed. su	ıch as acid. w	vater, oil, and
+-		-	sand):	md v/58,296 g	als. water,	60,000# ea	d, Cluste	4 v/130 m
8 6	950		Casing	Tubing	Date first new	٧		
			7			-		TAIL
		<u></u>	L		n Union Cath	ering Syste	LIVEUL	IVENT
••••••	•••••	•••					0019	10/25
·····		•••••	••••					1307
		••••••	•-•		• • • • • • • • • • • • • • • • • • • •	•••		· LOM.
eby cer					l complete to the	best of my kno	owledge.	
• • • • • • • • • • • • • • • • • • • •	Octo	ober 4,	1962 OCT	9, 1962	Astec Oll ar		• • • • • • • • • • • • • • • • • • • •	······································
IL CO	ONSER	VATION	COMMISSIO	ON B	ORIGINAL			
				,	(Signatu	re) Joe C.	Salmon	
ginal	Sign	ed Eme	ry U. Arno	TT				
anisas	Dist :	# 3		•	Send Co Aztec Od	mmunications	regarding we Company	Il to:
	Comparing Compar	Company or On Section	Company or Operator) Sec	Company or Operator) Sec	Company or Operator) County. Date Spudded. Elevation County. Date Spudded. County. Date Spudded. County	Company or Operator) Company or Operator) Company or Operator) Company or Operator) County. Date Spudded. S/17/Ge Elevation Good Gale Total De County. Date Spudded. S/17/Ge Elevation Good Gale Total De County. Date Spudded. S/17/Ge Elevation Good Gale Total De Resource Good Good Good Good Good Good Good Goo	Company or Operator) Company or Operator) County. Date Spudded. 8/17/62	HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS: (Company or Operator) (E.c.ar) (E.c.ar)

•			
	•		
,			