NUMBER OF COP .S RECEIVED DISTRIBUTION SANTA FE PILE U. S. G. S LAND OFFICE TRANSPORTER PRORATION OFFICE OPERATOR

NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWAPLE



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 recompletio. The completion date shall be that date in the case of an oil well when new oil is deliv-500 Eshranhait

red into th	ie stock tank	s. Ças mus	st be reported on 15.025 p	sia at 60° ranrenneit Farmingt	on. New Mexico	2-26-64
				, ,		(Date)
E ARE F	HEREBY RI	EQUESTI To	NG AN ALLOWABLE I	FOR A WELL KNO	DWN AS:	, SW ,
EXACO Inc. Na			AFIO-ACE LLTDen	, Well No	, in	/4,
M	Sec.	16	, T. 31-N , R. 161	NMPM., M	any Rocks-Gallu	Pool

san J	<u>uan</u>		County. Date Spudded	(DF) Total	Depth 1815	BTD 1779
Please indicate location:			Elevation 16	518 Name 0	f Prod. Form. Gellu	9
D	C B	A		Nume o		
			PRODUCING INTERVAL -	-1622: 1624-1	627: 1748-1755	
E	F G	H	Perforations	Depth	.627; 1748-1755 1814 Dep Tub	th 1722
		"	Open Hole	Casing	Shoe Tub	ing
		 	OIL WELL TEST -			Choke
L	K J	I	Natural Prod. Test:	bbls.oil,	bbls water in	hrs,min. Size
- 1			Test After Acid or Frac	cture Treatment (after	recovery of volume of oi	l equal to volume of
М	N O	P	load oil used): 22	bbls.oil,O	hbls water in 24 hrs,	min. Size
,			GAS WELL TEST -			
_		<u></u>	4	MCF/Da	y; Hours flowed(Choke Size
hubdng Co	(FOOTAGE)	nting Reco				
Size	_	Sax			MCF/Day; F	Hours flowed -
7 ×	1651	50	- 1		•	
	205					
31"	1814'	100	Acid or Fracture Treatm	ment (Give amounts of	materials used, such as a	oid, water, oil, and
			Casino - Tubino	Date first	new - C Ch	
!-1/16	1722'	-	Casing 3000% Press. Oil Transporter Gas Transporter	oil run to	new tanks 2-6-64	ACT.
			Oil Transporter	Monood oot by	TRI	. W
 -		1	Gas Transporter	NOME	——————————————————————————————————————	- Uhil I L
lemarks:.	•••••				FE	B 27 1964
					\ OIL	CON. COM
			entered to the second of the second			DIST. 3
I here	by certify the	nat the inf	formation given above is	true and complete to	the best of my knowledge	e.
pproved.	FEB 2 7 19	964	, 19	IBAROV	(Company or Operato	r)
				Bu Enk	tal	
C	IL CONSE	RVATIO	N COMMISSION	Буоя	(Signature)	
Orio	tinal Sig-	od E			riet Accountant	
,			ry G. Arnold	Send	Communications regard	ling well to:
itleSup	ervisor Dist	# 3		Ivaine	ACO Inc.	Tone Monday
				Address	810, Farmingto	II, New Maxico