NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

(Form C-104) levi.sed 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.

			Fermington, New Mexico 6-9-60
		•	(Place) (Date)
E ARE	HEREBY R	EQUESTI	ING AN ALLOWABLE FOR A WELL KNOWN AS:
7C 902	muse sale	us to the terms of	, Well No, in
B(C	ompany or Op Sec	31	ING AN ALLOWABLE FOR A WELL KNOWN AS: CO. Wilbel No. in. // // // // // // // // // // // // //
om l Sen Jo	etter m		5-15-60
			County Date Spudded 5-4-60 Elevation Total Depth PBTD
Plea	se indicate l	ocation:	Top Oil/Gas Pay 4712 Name of Prod. Form.
D	C B	A	PRODUCING INTERVAL -
	· '		Perforations 4646-4733 slotted liner
E	P G	H	Perforations Depth 4601 Depth 4667
		1 1	Cassing Supa
	KJ	11	OIL WELL TEST ~
_		-	Natural Frod. Test: 0 bbls.oil, 0 bbls water in 0 hrs, min. Size
M	W 0	P	Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of
M	H O		load oil used): 97 bbls.oil, bbls water in hrs, min. Size
			GAS WELL TEST -
			Natural Prod. Test: NCF/Day; Hours flowed Choke Size
nbing ,Ca	sing and Com	nting Recor	
Size	Feet	Sax	Test After Acid or Fracture Treatment: MCF/Day: Hours flowed
8-5/8	125.491	100	Choke Size Method of Testing:
	1/04	40.0	
5-1/2	4601	175	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 1170 bbls oil and 40,000 sand
L-1/2	163.27	Liner	Sand): Tubing Date first new 6-7-60 Press. Press. oil run to tanks
			El Pano Nata Gos Products Co.
2*	4662		Ull Transporter_
	P	mecine w	
marks:			2 1980
**********		****************	COM COM
			OIL COLL 3
I here	by certify th	at the info	ormation given above is true and complete to the best of my knowledge. DIST. Three States listural das Corport (Company or Operator)
proved		. 120U	(Company or Operator)
	• .	•	COMMISSION By: Criginal Signed By John Carothers
	•		(Signature)
Or	iginal Sig	ned Eme	ery C. Arnold Title Asst. District Supt.
	Supervisor D		Send Communications regarding well to:
ile		-10100000000000000000	Name John Carothers
	•		Box 67, Farmington, New Mexico
			Address

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