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.

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				(Place)			(Date)
			NG AN ALLOWABLE FO			CTAY	NF
_	_		MONTOYA	•	•	•	•
(Соп	pany or Op	erator)	(lease)		Basin - Dakot:	a	_
Tinte Lett	, Sec.		(Less)	, NMPM.,	Dasm-Darou	······································	Р
			ReCounty. Date Spudded				
			52751 KB	. Tota	1 Depth 68221	PBTD	68221
Please	indicate l	ocation: .	Top Oil/Gas Pay 6664	£ Name	of Prod. Form	Dakota	
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	• (PRODUCING INTERVAL -				
 , ,			Perforations 6789-99 6818 - 682 Open Hole	<u>6756-82,</u>	6664-76		
E 1	F G	H	Open Hole	Casi	ng Shoe 6818	Depth Tubing	6715
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L I	K J	I	OIL WELL TEST -				Cho
		1 [Natural Prod. Test:	bbls.oil,	bbls water	inhrs,	min. Siz
			Test After Acid or Fractur	e Treatment (afte	er recovery of volu	ume of oil equ	al to volume
M	0	P	load oil used):b	bls.oil,	bbls water in	hrs,	Choke min. Size
1 1	ı			-			
			GAS WELL TEST -			w'	
			_ Natural Prod. Test:	MCF/1	Day; Hours flowed	Choke	Size <u>'</u>
Tubing Casi	ng and Ceme	nting Recor	Method of Testing (pitot,	back pressure. e	tc.):		•
Size	Feet	Sar	Test After Acid or Fractur				
10-3/4	174	150	Choke Size 3/4 Method	of Testing:	ur mittat Po	rentrer 10	
			Acid or Fracture Treatment	(Give amounts of	materials used.	such as acid,	water, oil, a
7	4809	150	sand): 27,000# sa				- 44
			Casing Press. MV Press.	Date first	new	300 300	
4-1/2	6818	155				ot yes	
			Oil Transporter Foutz	& Bursum T	Frucking Co.		
2	6715	Tbg	Gas Transporter El Pas	o Natural G	as Co.		200
Remarks.						1	는 것 <u>1</u> 명
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I hereb	y certify th	at the info	ormation given above is true	and complete to	the best of my ki	nowledge.	
Approved				CONSO/L	IDATED OIL	& GAS	INC.
- approved		*****************		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(Company or	Operator)	
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			COMMISSION	Бү	(Signat	ine)	
فعرنسلان السا	nal Sian	ed Emer	ry C. Arnold	mu Prod	luction Mana	ger	
By: Origi	IIAI CIZII	~~~~~~	***************************************	Title	d Communication	s regarding w	ell to:
Tide Sugar	visor Diet	# 3					
י זוונראווי		.#¥		Name J. B. Ladd, 2112 Tower Bldg			
				1700	Broadway		
				Address	enver 2, Col	LOTAGO	