## NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

(Form C-104) Revised 7/1/57

## REQUEST FOR (CAS) ALLOWABLE

New Well

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. Cas must be reported on 15.025 psia at 60° Fahrenheit.

|                            |                      |                    | -                         |              |                     |                 | New Ment            | <b>ee</b> Oct         | ober 8, 1959                       |
|----------------------------|----------------------|--------------------|---------------------------|--------------|---------------------|-----------------|---------------------|-----------------------|------------------------------------|
| WE ARE H                   | EREBY RI             | EOUESTI            | NG AN ALLOV               | VABLE FOR    | (Place)<br>R A WELL |                 | WN AS:              |                       | (Date)                             |
| Astes Oi                   | 1 and Ge             | Compan             |                           | per derti    |                     |                 |                     | in. 52                | 1/4 81/                            |
| ,                          | npany or Ope<br>Sec  |                    | т 🧱                       | (Lease)      | NMPM                | bla             | ngo-Moses           | rando                 | Pool                               |
| Unit Lot                   | ter                  |                    |                           |              |                     |                 |                     |                       |                                    |
|                            |                      |                    | County. Date<br>Elevation | Spudded      | // <b></b> />9      | <br>otal De     | Date Drilli         | ng Completed<br>D PRT | .9/ <b>.14/59</b><br>D <b>4765</b> |
| Pleas                      | e indicate k         | exation:           | Top Oil/Gas Pa            |              |                     |                 |                     |                       |                                    |
| D                          | C B                  | A                  | PRODUCING INTE            |              |                     |                 |                     |                       |                                    |
|                            |                      |                    | Perforations              | 1607-168     | , 1637gh            | 705,            | 1713-1721           | . 4732-67             | <b>42.</b> 4769-6758               |
| E                          | F G                  | H                  | Open Hole                 |              | D<br>C              | epth<br>asing S | noe 4740            | Depth<br>Tubir        | g_ <b>1,752</b>                    |
| <u> </u>                   |                      | <u> </u>           | OIL WELL TEST             | -            |                     |                 |                     |                       |                                    |
| L                          | K J                  | 'I                 | Natural Prod.             | Test:        | bbls.oil,           |                 | bbls wate           | r inhr                | Choke<br>s, min. Size              |
|                            |                      |                    |                           |              |                     |                 |                     |                       | equal to volume of Choke           |
|                            | N O                  | P                  | load oil used)            | ibi          | ols.oil,            | t               | bls water in        | hrs, _                | min. Size                          |
|                            |                      | <u></u> j          | GAS WELL TEST             | -            |                     |                 |                     |                       |                                    |
|                            |                      |                    |                           | Test:        | M                   | CF/Day;         | Hours flowe         | dCho                  | ke Size                            |
| Tubing Cast                | ing and Geme<br>Feet | nting Recor<br>Sax |                           |              |                     |                 |                     |                       | •                                  |
|                            |                      |                    | T # 1                     | <b>.</b>     |                     |                 |                     |                       | rs flowed                          |
| 9 5/8                      | 160                  | 100                | Choke Size                | Method       | of Testing:_        | DES R           | 19-4-6-01-4         |                       |                                    |
| 7                          | h7to                 | 140                | i                         |              |                     |                 |                     |                       | d, water, oil, and                 |
| 2                          | 178 <b>2</b>         |                    | sand): 60 00              | Tubing       | Date f              | irst ne         | W                   |                       |                                    |
|                            | 2106                 |                    | Press.                    | Press.       | oil ru              | n to ta         | nks                 | (ari                  | TIES.                              |
|                            |                      |                    | Gas Transporte            |              | m ilmian i          | Takina          | mina Swad           | Zitt                  | AFD/                               |
| Remarks:                   |                      |                    |                           | T - OFF      |                     |                 |                     | 1112-                 | - 2DEQ                             |
| Nemai as                   |                      |                    | 14                        |              |                     |                 | ******************* | OCT1                  | 3 1959                             |
|                            |                      |                    |                           |              |                     |                 | -01444              | 1                     | N. CO.                             |
| I hereb                    | y certify th         | at the info        | ormation given a          | bove is true | and complet         | te to th        | e best of my        | knowledge?            | 51.5                               |
| Approved                   | •••••                | OCT 1 3            | 1959                      | , 19         | Astes               | 011             |                     | or Operator)          |                                    |
|                            |                      |                    | ·                         |              |                     |                 | GNED BY JO          | E C. SALMO            |                                    |
| OI                         | L CONSER             | VATION             | COMMISSION                | J            | Ву:                 |                 | (Sig                | nature) Joo           | C. Salmon                          |
| By: Origi                  | inal Sign            | ed Emes            | ry C. Arnofé              |              | Title               | etric           | t Superl            | tandant               |                                    |
| ,                          |                      |                    |                           |              |                     |                 |                     | ons regarding         |                                    |
| Title Supervisor Dist. # 3 |                      |                    |                           |              | Name Name           |                 |                     |                       |                                    |
|                            |                      |                    |                           |              | Address             | DOX #           | 785, Par            | min ton.              | Hew Hextee                         |

| OIL CONSERVAT         | ION COMMIS                        | SION     |  |  |
|-----------------------|-----------------------------------|----------|--|--|
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| File                  |                                   | <u></u>  |  |  |
|                       |                                   | <u> </u> |  |  |

## NEW MEXICO OIL CONSERVATION COMMISSION SANTA FE, NEW MEXICO

Form C-110 Revised 7/1/55

(File the original and 4 copies with the appropriate district office)

## CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| Company or Operator_     | Astes Cil and Cas Comp                    | any Le              | ase Culpappe         | r Hartin    |
|--------------------------|---|---------------------|----------------------|-------------|
| Well No. <u>13</u> Un    | nit Letter # S #9 T 3                     | R R Pool            | 6Lance-Hocaverd      | •           |
| County San Juan          | Kind of Lease (S                          | State, Fed. or Pa   | itented) <b>Ped.</b> |             |
| If well produces oil or  | condensate, give location                 | on of tanks:Unit    | ST                   | R           |
|                          | er of Oil or Condensate_                  |                     |                      |             |
| Address                  |   |                     |                      |             |
| (Give addi               | ress to which approved c                  | opy of this form i  | s to be sent)        |             |
| Authorized Transporte    | er of Gas Southern Unio                   | n Cethering Syste   |                      |             |
|                          |   |                     |                      |             |
| (Give addr               | 110h Burt But<br>ress to which approved c | opy of this form i  | s to be sent)        |             |
| If Gas is not being sole | d, give reasons and also                  | explain its prese   | ent disposition:     |             |
|                          |   |                     |                      |             |
|                          |   |                     |                      |             |
| Reasons for Filing:(Pl   | lease check proper box)                   | New Well            |                      | ( 🗯)        |
|                          | r of (Check One): Oil ( )                 |                     | head ( ) Conde       | nsate ( )   |
| •                        |   |                     |                      |             |
| Change in Ownership_     | ( )                                       | Other               | explanation bel      |             |
| Remarks:                 |   | aril Ir leve        | explanation beli     | ow)         |
|                          |   | ZEITIVED Y          | •                    |             |
|                          | :   | Kroringe            |                      |             |
|                          |   | OC. [ 1 3 1959 COM. |                      |             |
|                          | ,   | 1 -AN               | <i>]</i>             |             |
|                          |   | OIL COIL. 3         |                      |             |
| The undersigned certi    | fies that the Rules and R                 | egulations of the   | Oil Conservati       | on Com-     |
| mission have been con    |   |                     |                      |             |
| Executed this the        | a day of <b>Cotober</b> 1                 | g da                |                      |             |
| Executed and the         | 1 day 01 Catalan 1                        |                     |                      |             |
|                          |   | By CRIGINAL SIG     | NED BY JOE C. SALM   | ON          |
|                          |   | PM 14 1 to a a a    |                      |             |
| Approved0                | OCT 1 3 1959 19                           | Title District      | Superintendent       |             |
| OIL CONSERVA             | TION COMMISSION                           | Company 484         | se O11 and Gas C     | out and     |
| By_Original Signed E     | mery C. Arnold                            | Address             | # 766, Farming       | ion, H. Hex |
| Title Supervit           | sor Dist. # 3                             |                     | ,                    |             |
|                          |   |                     |                      |             |

| _                |                  |       |
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| Transporter      | /                |       |
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