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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.

Location, Well No. 12-1-61

(Place)

(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

The Ohio Oil Company
(Company or Operator)

Lease No. 12-1-61

Well No. 12-1-61

in 1/4 Sec. 22, T. 20 S., R. 30 W., NMPM., Las Alamos

Unit Letter

Post

County, Date Spudded 5-6-61

Date Drilling Completed 10-21-61

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

Elevation 1100' Total Depth 2000' PBTD

Top Oil/Gas Pay 1100' Name of Prod. Form. Devonian

PRODUCING INTERVAL -

Perforations

Open Hole 1100' Depth Casing Shoe 1100' Depth Tubing 1100'

OIL WELL TEST -

Natural Prod. Test: bbls. oil, bbls. water in hrs, min. Choke Size

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 200 bbls. oil, bbls. water in hrs, min. Choke Size

GAS WELL TEST -

Natural Prod. Test: MCF/Day; Hours flowed Choke Size

Method of Testing (pitot, back pressure, etc.):

Test After Acid or Fracture Treatment: MCF/Day; Hours flowed

Choke Size Method of Testing:

Acid or Fracture Treatment: (Give amounts of materials used, such as acid, water, oil, and sand):

Casing Press. 200 Tubing Press. 2000 Date first new oil run to tanks

Oil Transporter

Gas Transporter

Remarks:

Remarks: 12-1-61

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved: 19.

OIL CONSERVATION COMMISSION

By: [Signature]

Title

(Company or Operator)

By: [Signature]

(Signature)

Title

Send Communications regarding well to:

Name: The Ohio Oil Company