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

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

## REQUEST FOR (QMX) - (GAS) ALLOWABLE

NECK MEN 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.

					Dallas,	Texas	<b>J</b> u	ine 20,		***************************************		
WF AP	F HFR	FRV RF	OUESTIN	NG AN ALLOWABLE FO	(Place) DAWEII K	NOWN	AS.		(L	late)		
Ariz	zona l	Explo	ations	, Inc. Jicarilla	RAWELL K	H-7	AS: '	SW	., 8	W		
	(Compa	ny or Ope	rator)	(Lease)	, WEII INC	J	, 1E		/4			
Ŋ	1	, Sec	6	, T. 23N , R 5W	, NMPM., .	Balla	rd PC			Pool		
	LO.Ar	riba		County. Date Spudded	9-12-29	Date	Drilling 2160	Completed	9 <del>-</del> 2	14 <b>-</b> 59		
F	Please in	dicate lo	cation:									
	C	В	A	Top Oil/Gas Pay 2044	Name	e of Prod.	Form.	Pictur	ed Cl	iffs		
				PRODUCING INTERVAL -								
<u> </u>	<u> </u>	<u> </u>		Perforations 20	50 - 2068	1						
E	F	G	H	Open Hole	Dept Casi	th ing Shoe	2160	Depth	21	.15		
	ľ					ge			9			
L	K	J	I	OIL WELL TEST -						Choke		
	ł			Natural Prod. Test:	bbls.oil,	bk	ols water i	nhr	s,	nin. Siże		
	- 40			Test After Acid or Fractur	e Treatment (af	ter recove	ry of volu	me of oil	equal to			
M	N	0	P	load oil used):b	bls.oil,	bbls w	ater in	hrs,	min.	Choke Size		
х			1 1	GAS WELL TEST -								
<del> </del>			<del></del>	<del></del>	167	/n	<b>.</b>					
	04		Adma 90	Natural Prod. Test:					ke Size			
Size	•	Feet	ting Record	, , , , , , , , , , , , , , , , , , ,					<del></del>	<del></del>		
SIR FEET SAX				Test After Acid or Fractur					rs flowed	3 hr.		
8-5/	/o  -	116	100	Choke Size 3/4 Method	of Testing:	Back	pressu	re				
<del> 0=3/</del>	<del>-   -</del>		100		161	6 - 4 - 4 -	)					
5-1/	<u>′2"   2</u>	2160	100	Acid or Fracture Treatment					, water,	oll, and		
'			."	sand): 24 000# Se Casing Tubing	1. 25.00 Date firs	O gal	wate	r				
1-1/	4" 2	2062		Press. 1100 Press	)oil run t	o tanks			<del></del>			
		1		Oil Transporter		<del></del>			PPFII	****		
				Gas Transporter Sout	nern Union	Gas	Co.	10				
Remarks	s:l	Refrac	ed wit	h Calcium Chlorie	de in wate	2r			-ULI V	LU		
			•••••	***************************************			*****************	I JU	N22 1	flor.		
								Lou		SDU		
I h	erehv ce	etify the	t the infor	mation given above is true	and complete t	o the best	of my kn	owledge.	CON.	DOM,/		
whbrose	<b>u</b>			17	5246634.64	(C	ompany or	Operator)				
	OII C	ONEEDI	ZATION A	COMMISSION	<b>B</b>	11	, Vo	Den	AY	_		
					By: Josey, Jr (signature)							
Rv.				er C. Arek	TitleV.P.							
					Send Communications regarding well to:							
Title#3  NameC.W. Josey, Jr												
					Address	pāllas	adows 6. Te	xas				

	- THE STATE OF THE
	-
	1
	والمستعمد والمستعمد والمستعمد المستعمد