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NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWAPLE

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.

- 11107 41		-	t be reported on 15.025 page		September 30, 1963 (Date)
VE ADE H	FRERV RE	EOUESTI	NG AN ALLOWABLE FO	OR A WELL KNOWN AS:	, ,
					., in SW
(Cor	mpany or Ope	rator)	(Lease)	
		34	, T. Z4M , R. ZW	, NMPM., SoBl a	ncoPool
4-2 -			County. Date Spudded	5-6-63 Date Drill	ing Completed 5-12-63
Please indicate location:		Elevation 7369	Total Depth 327	PBTD	
		 -	Top Gas Pay 3174	Name of Prod. Form.	Pictured Cliffs
D	C B	A	PRODUCING INTERVAL -		
			Perforations 3174-	84: 3299-27:	
E	F G	H		Depth Casing Shoe 325	Depth Tubing 3104
			OIL WELL TEST -	. —	
L	KJ	I		bbls.oil. bbls wat	Choke er in hrs, min. Size
-			-		volume of oil equal to volume of
M	N O	X _P			Choke
-	/ x			DDIS(UII)	
			GAS WELL TEST -		
	£ 1850 1	_			edChoke Size
•	ing and Come	nting Reco		, back pressure, etc.):	
Size	Feet		- 7		MCF/Day; Hours flowed 3 hr
8 5/8"	100'	60	Choke Size 3/4" Metho	od of Testing: back pres	aura
			Fracture Treatmen	nt (Give amounts of materials use	d, such as acid, water, oil, and
4 1/2"	3259'	75	sand): 30 000 2 221	d and 30,000 gallone.	
1 1/4"	3104'		Casing Tubing Press. 786 Press.	Date first new oil run to tanks	
			Oil Transporter		crellan
			-	aso Natural Cas Company	SIPLIATO
emarks:					OCT 7 1963
.cmai so		••••			OIL CON. COM.
•••••••					OIL COM. OS.
T herel	hu costifu th	at the inf	ormation given above is tn	ue and complete to the best of m	y knowledge.
nered	COT 7 196	izi die na	, 19	Sher-Alen 011 Comp	my
spproved	***************************************		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- XXXX	y or (perator)
0	IL CONSEI	RVATION	1 COMMISSION	By: Richard S. Muni	gnature)
				Title Mgr. of Lands	
y:Ωri	ginal Sig	zed Em	ery C. Arnold	TitleSend Communica	tions regarding well to:
riela Ses	arvisor Dist.	. # 3			
10E				1402 Benver U	. S. Mational Center
				Address Dermiter De Colle	rad