NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

REQUEST FOR (OIL) - 1633 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.

				(Place)		, Colorad	lo, 1-16-6]	
			ING AN ALLOWABLE					
Conti	Company or C	Dil N.	E. Haynes Apache	, Well No.S	No. 1	in .NW //	SW 1/4,	
			, T24N, R5W		Indesignat	ed (Green)	orn)Pool	
Rio A	rriba		County. Date Spudde	d 9-9-60	Date Drilling	Completed]	0-13-60	
	ease indicate		Elevation 6535!	RB Total	Depth 66401		6401	
ПП	СВ	3 A	Top Oil/Gas Pay 659	Name o	of Prod. Form.	Greenhor	'n	
			PRODUCING INTERVAL -			,		
E	F G		Perforations 659	4' to 6522' w	1/2 shots	per foot.		
-	F G	H	Perforations 659 Open Hole	Depth Casing	Shoe	Depth Tubing		
			CIL WELL TEST -					
L	K J	I	Natural Prod. Test:	O bbls.oil.	O bbls water	in O hre	Choke	
×						-		
М	N O	P	Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used): 10 bbls.oil, 0 bbls water in 24 hrs, min. Size					
			GAS WELL TEST -		DETS Water IN _	nrs,	min. Size	
							Ą	
•	asing and con Feet	menting Recor	rd Method of Testing (pit	ot, back pressure, etc	•):		<u> </u>	
	1		Test After Acid or Fra			2 44		
2 7/8	2 7/8" 6640 300		Choke SizeMe	thod of Testing:				
13 3/	13 3/8" 220 170		Ac.d or Fracture Treat Frac d w/ sand):Mark II Al	ment (Give amounts of r 10,000# sand,	materials used,	such as acid.	& 865#	
			Casing Tubing Press 4600 Press	g Date first i	new	.61		
		 	Cil Transporter					
			Gas Transporter	MONAGE VOLIN	71 44 1 1 1 1 1			
emarke:	N.R.Hs	erne d Àr	ache 9 No. 1 1s	a trinle ca	eine compl	etion in	the Gally	
			rmations. The	-				
			the well is 6966					
			ormation given above is					
							nv	
			COMMISSION	By:	Original Signer	Operator)	•	
				<i>D</i> ₁	(Signa	ture)		
y: Original Signed Emery C. Arnold				Title District Superintendent Send Communications regarding well to:				
itle Supervisor Dist. # 3				Name H. D. Haley				
OCC -A	ZTEC(4)	HDH ABO	· · · · · · · · · · · · · · · · · · ·		Address Box 3312, Durango, Colo.			

January San Carlotte

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