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

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

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

New Well

This form shall be submitted by the operator before an initial all mable 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 pola at 60° Fahrenheit.

			Sa	nta Fe, N. M.	12-9-59
				(Place)	(Date)
		-	NG AN ALLOWABLE FOR A		
T,	H. Mel	llvain		, Well No, ir	n SE 1/4 NE 1/4
(Con	npany or O	2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2	(Lease)	Mades	Pe
Unit Let	, 5e0		, 1, <u>E</u> ,	NMPM.,	P00
Ri	o Arril	)a	County. Date Spudded. 11-	14-59 Date Drilling	Completed 11-17-59
	e indicate		Elevation 6852 6L, 6862	DF Total Depth 2555	PBTD <b>2522</b>
			Top		
D (	B	A	PRODUCING INTERVAL -		
				0115 0101 01	10 0110 -/9 1-4-/
E F	P G	H	Perforations 2401-2408.	Depth 2555	Depth 0404
			Open Hole	Casing Shoe	Tubing2426
L	K J	+	OIL WELL TEST -		
"   '		I	Natural Prod. Test:bi	bls.oil,bbls water :	Choke inhrs,min∙ Size
			Test After Acid or Fracture Tre		
MN	0	P	load oil used):bbls.c		Choke
		1		DDIS WACEI IN	
	1		GAS WELL TEST -		
<del></del>			Natural Prod. Test:	MCF/Day; Hours flowed	Choke Size
bing ,Casi	ing and Cem	enting Recor	Method of Testing (pitot, back	pressure, etc.):	
Size	Feet	Sax	Test After Acid or Fracture Tre	eatment: 2129 M	CF/Day; Hours flowed 3
-5/8*	129	100	Choke Size 3/4" Method of 1		
,-,,,	447	100			
7=	2555	125	Acid or Fracture Treatment (Giv sand): 200 gel. 715 ac	re amounts of materials used, s	such as acid, water, oil, and mtaining 15 calci
			sand): 200 gal. 715 ac	14.40.000 gal.wtr	/ehloride, 40,00
		1	Casing Tubing Press. 589	oil run to tanks	20-40 \$
			Oil Transporter		
			Gas Transporter Bl Pag	o Matural Gas Co.	
marks:					
		•			COSTIL
		***********************	••••		OFIFIVEN
T L •					KEDFILED /
•	•		mation given above is true and	=	DEC 1 0 1959
proved	<b>.</b>		9 DEC 1 0 1959, 19.59	T. H. McKlyain	
0.11			001/1/1010N	XM Fly	OFFICE CON. COM.
OII	L CONSE	RVATION	COMMISSION By	(Signat	DIST. 3
Orig	inal Sig	ned Eme	ry C. Arnalá <sub>Ti</sub>	itleOwner	
***************************************	***************			Send Communications	s regarding well to:
tle Supervisor Dist			<u>.</u> # 3		
			N	ame. T. H. Mellvai	<b>A</b>
			A	ddress220ShelbySt	., Santa Po, N. W

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