NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

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.

			AZTEC, LEW DEXICO SEPT 13, 1957 (Place)
ARE HE	REBY RE	QUESTIN	NG AN ALLOWABLE FOR A WELL KNOWN AS:
CLARK &	COWDEN		, Well No. FED. 11-1 , in. NW 1/4 NE 1/4
(Com	SARV AF OTH	PAROF)	(Lesse) , T. 25N , R. 34 , NMPM., TAPAGITO PIGTURED CLIFF
	•		
Rio	ABRIBA		County. Date Spudded 7-2-57 Date Drilling Completed 7-17-57
	indicate lo		Elevation RI (28) NB Total Depth 3055 PBID 5013
			Top mai/Gas Pay 3798 Name of Prod. Form. PICTURED CLIFFS
D C		A	PRODUCING INTERVAL -
	X		Perforations 6 SHOTS PER FT FROM 3798 TO 3824
E P	G	H	Depth Depth Open Hole Casing Shoe 3845 Tubing
	1	1 1	
L K	<u>J</u>	I	OIL WELL TEST - Choke
" "		-	Natural Prod. Test:bbls.oil,bbls water inhrs,min. Size
			Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume o
MN	0	P	load oil used): bbls.oil, bbls water in hrs, min. Size
ł			GAS WELL TEST -
			Natural Prod. Test: 3755 MCF/Day; Hours flowed 3 Choke Size 344
•		nting Recor	
Size	Feet	Sax	Test After Acid or Fracture Treatment: MCF/Day; Hours flowed
9 5/8	200	150	Choke Size Method of Testing:
) 	-200		Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and
51/2	3845	150	
			sand): 8 0 0 GAL OF WATER AND 0 000 # OF SAND Casing Tubing Date first new
			Casing Tubing Date first new Press. Press. oil run to tanks
			Oil Transporter
			Gas Transporter
marks:			
T h		at the inf	ormation given above is true and complete to the best of my knowledge
	у сегшу и SEP	26 1957	10 CLARK ALLOWDEN
proved			(Company or Operator)
0.7	. covice	DILL TION	COMMISSION By: 13 theyes
OI	L CONSE.	KVAIION	N COMMISSION By: (Signature)
Sees et	inal Sion	ned Env	Title AGENT Send Communications regarding well to:
/:2E18	andi alfal Canadent	Dist. # 3	Send Communications regarding well to:
itle	Puberaisor		Name OLARK & CONDEN
			Address 5543 YALE BLVD. DALLAS 6, TEXAS

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