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

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

New Well Recompletion

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

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 7:30 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.

						Farm (Place	ington,N	ew.Mexic	<b>.</b> o	12=3=59 (Date)
					LOWABLE FO					
Ker	n Cou	nty L	and Co.				l No1	, in	SW	1/4 SW 1/4,
(1	Company M	or Ope	rator) 25	- 25N	Lease		. O+	ero-Gall	un-Fyten	sion Pool
Unit	E Lotter	, Sec		., Т	, R	, NMPN	A.,	G1 V-0011	up Lx com	Pool
Ric	Arri	ba		County. I	Date Spudded	4-23-5	9 Date	Drilling	Completed	5-14-59
Ple	ease ind	licate lo	cation:		6690 KB					
D	С	В	A				_Name of Prod	· Form	Carrop	
					ns5954	-6038				
E	F	G	H	Open Hole	None		Depth Casing Shoe	7140	Depth Tubing	5439
L	- к		I	OIL WELL T	EST -					Choke
-	v	J	1	Natural Pr	od. Test:	bbls.oil	, <del></del> b	bls water i	nhrs,	min. Size
M	N	0	P							ual to volume of Choke
		· ·		load oil u	rsed):103	_bbls,oil,	0 bbls	water in	24 hrs,	<b>m</b> in. Size_ <b>16</b> /
X			<u> </u>	GAS WELL T	EST -					
				. Natural Pr	od. Test:	<del> </del>	MCF/Day; Hou	rs flowed _	Choke	Size
Tubing ,C	esing a	nd Cemer	nting Recor	d Method of	Testing (pitot	, back pressu	re, etc.):			
Size	F	eet	SAX	Test After	Acid or Fract	ure Treatment:		MC	F/Day; Hours	flowed
10 3	/4 34	41	325	Choke Size	Metho	od of Testing				
5 ½	714	40	525	•						water, oil, and
21/	16 543	100	- <del></del>	sand):	36,360 gal	cil, 40,0	000 #20-40	sd, 15	0 balls	
2 -/	10	"		Press.	Tubing Press.	oil r	on to tanks_	13-	1-54	
				L	orter MCW				(OCI)	10
ļ		1		■ Gas Transp	orter Sou	uthern Un:	on Gas Co	<b>)</b> •	AFITY	Why -
Remarks:			··		•••••••				KFAFI	
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		•••••						<i>t</i>	- All - COI	N. COM.
I her	reby cer	tify tha	it the info	rmation give	n above is tru	ie and compl	ete to the bes	tormy kn	DIS	т. З 🖋
Approved	••••••	<u>Uk</u>	1 1 183	· 12-3-3	9, 19			ompany or		The state of the s
(	OIL CO	ONSER	VATION	COMMISS	ION	By:	ush 1.	Signatu	<u> </u>	
Or	iginal	Sign	ed Eme	ry C. Arı	noid	I	District	· -		er
Ву:					••••••••••	Title			regarding w	
Γitle	· · · · · · · · · · · · · · · · · · ·	ಶಿಲ್ದಾಕ	rvisor Dis	L#3	• · · · · · · · · · · · · · · · · · · ·	Name	Kern Coul			
~						Address	226 Petro			]•

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