NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

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.

ay Kin	nbell		War	ren-Salazar	, Well No	2 -2	, in	\$W!/ ₄	SW 1/4,
(Com	pany or Op Sec	erator) 26	_T 25N	(Lease) ., R. 6W	NMPM	Unde	signate	d Dakota	Pool
Unit Lette	r								
lio Arr	iba		County. Dat	e Spudded 11.	15-59	Date	Drilling	Completed	12-8-59
Please	indicate l	ocation:		6667 4075					
D C	В	A		eay 6875	Name	of Frod	Form.	DAKOLA	
			PRODUCING INT					•	
E F		H		68 (6-88.	Dant	h		Depth	
EF	G	п п	Open Hole		Casi	ng Shoe_	7014	Tubing	6912
			OIL WELL TEST	<u>-</u>					
L K	J	I	Natural Prod.	• Test:	bbls.oil,	blb	bls water i	n hrs,	Choke min. Size
			Test After Ad	cid or Fracture T	reatment (aft	er recov	ery of volu	me of oil equa	al to volume of
M N	0	P		d):bbls					Choke
+			GAS WELL TEST						
				-	, mar	/n	C) - 1	Challes (C:
				· Test:				Choke :	512e
•	ng and Cem Feet	enting Reco Sax		sting (pitot, bac cid or Fracture 1	•			,	
Size									
10-3/4	375	200	Choke Size	3/4" Method of	Testing:	Mult	Point.	Back Pre	ssure
	9		Acid or Fract	ture Treatment (G	ive amounts o	of materia	als used, s	uch as acid, v	vater, oil, and
5-1/2	7014	550	L .	000# sand.					
2-3/8	6912		Cacino	Tubing Press. 24	- Date firs	st new			
	• • • • • • • • • • • • • • • • • • • •			ter Kim					
			OII Transpor	ter El F	aso Natu	ral Ga	s Co.		
emarks:			Gas Transpor					OFTE!	(ED)
								Mrs	0 1960
I hereb	y certify t	hat the inf	ormation given	above is true as	ad complete	to the be	st of my kr	phyledde B1	COM
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Orio	ginal Sig	gned En	nery C. Arn	olø	Title	Geolo	gists		
y: 			***************************************		Se	nd Comr	nunication	s regarding w	ell to:
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					Address 71	14 Cas	otralS	E. Albuai	ue rque, N. 1

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