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TRANSPORTER	OIL	
	GAS	
PROGRATION OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION  
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

61  
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 QUADRUPPLICATE 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.

.....  
(Place) ..... (Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

.....  
(Company or Operator) ..... (Lease) Well No. 4, in ..... 1/4 ..... 1/4,

.....  
Unit Letter, Sec. 9, T. 27S, R. 1E, NMPM, Puerto Chinito Pool

.....  
County. Date Spudded Oct. 7 Date Drilling Completed Oct 18  
Elevation 7008 Total Depth 1707 PBTD

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

Top Oil/Gas Pay 1090 Name of Prod. Form. 101107

PRODUCING INTERVAL -

Perforations  
Open Hole \_\_\_\_\_ Depth \_\_\_\_\_  
Casing Shoe \_\_\_\_\_ Depth \_\_\_\_\_  
Tubing \_\_\_\_\_

OIL WELL TEST -

Natural Prod. Test: 22 bbls. oil, 0 bbls water in 24 hrs, 2" Choke  
min. Size  
Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of  
Choke  
load oil used): \_\_\_\_\_ bbls. oil, \_\_\_\_\_ bbls water in \_\_\_\_\_ hrs, \_\_\_\_\_ min. Size

GAS WELL TEST -

Natural Prod. Test: \_\_\_\_\_ MCF/Day; Hours flowed \_\_\_\_\_ Choke Size \_\_\_\_\_

(FOOTAGE)  
Tubing, Casing and Cementing Record

Size	Feet	Sax
7 5/8	10	25
5	400	50
2"	1000	

Method of Testing (pitot, back pressure, etc.): \_\_\_\_\_

Test After Acid or Fracture Treatment: \_\_\_\_\_ MCF/Day; Hours flowed \_\_\_\_\_

Choke Size \_\_\_\_\_ Method of Testing: \_\_\_\_\_

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): \_\_\_\_\_

Casing \_\_\_\_\_ Tubing \_\_\_\_\_ Date first new  
Press. 5 Press. 0 oil run to tanks 10-15-62

Oil Transporter Houtz & Curran

Gas Transporter \_\_\_\_\_

Remarks: \_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the information given above is true and complete to the best of my knowledge.  
Approved: OCT 29 1962 OCT 29 1962, 19.....  
.....  
(Company of Operator)

OIL CONSERVATION COMMISSION

By: Original Signed by W. B. Smith

Title: DEPUTY OIL & GAS INSPECTOR, DIST. NO. 3

By: \_\_\_\_\_  
(Signature)

Title: \_\_\_\_\_  
Send Communications regarding well to:

Name: \_\_\_\_\_  
Box 1541 - Santa Fe, N.M.

