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

Form C 104)

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

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.

| Test After Acid or Fracture Treatment (after recovery or volume of choose load cil used): bbls,oil, fills water in those those min. Size  GAS WELL 7:SI - Natural from Testing (pitot, tack pressure, etc.):  Nethod of Testing (pitot, tack pressure, etc.):  Test After Acid or Fracture Treatment: Mif/Jay; Hours flowed Fracture Treatment: Mif/Jay; Hours flowed Choke Size Method of Testing: Mif/Jay; Hours flowed Choke Size Mif/Jay; Hours  |             | D F D V D F Q I              | UECTING AN ALLOW                      | (Piace)                |                                 | 1-9-61<br>(Date)  |  |
|--|-------------|------------------------------|---------------------------------------|------------------------|---------------------------------|---|--|
| Rio Arriba  County Date Spudded  Fievation 6363 G ietal nett 5471  Top Clyfwas Fry 5254 Name of Frost Form. Mesa Vorde  FRODKIM HIERNAL -  Ferforations  D C B A  E F G H  Chen hole  Cit After acid or Fracture Treatment (after recovery or vision of colors of the colors | El Paso Ne  | atural Gas<br>any or Operato | s Co. San Jus                         | m 27-5 Well !          | No. 48 (M) , in                 | , -   |  |
| Please indicate location  D C B A  For Cliffus Fry 5254 Name of Froil Sorm. Mesa Verde    For Cliffus Fry 5254 Name of Froil Sorm. Mesa Verde   For Cliffus Fry 5254 Name of Froil Sorm. Mesa Verde   For Cliffus Fry 5254 Name of Froil Sorm. Mesa Verde   For Cliffus Fry 5254 Name of Froil Sorm. Mesa Verde   For Cliffus Fry 5254 Name of Froil Sorm. Mesa Verde   For Cliffus Fry 5254 Name of Froil Sorm. Mesa Verde   For Cliffus Fry 5254 Name of Froil Sorm. Mesa Verde   For Cliffus Fry 5254 Name of Froil Sorm. Mesa Verde   For Cliffus Fry 5254 Name of Froil Sorm. Mesa Verde   For Cliffus Fry 5254 Name of Froil Sorm. Mesa Verde   For Cliffus Fry 5254 Name of Froil Sorm. Mesa Verde   For Cliffus Fry 5254 Name of Froil Sorm. Mesa Verde   For Cliffus Fry 5254 Name of Froil Sorm. Mesa Verde   For Cliffus Fry 5254 Name of Froil Sorm. Mesa Verde   For Cliffus Fry 5254 Name of Froil Sorm. Mesa Verde   For Cliffus Fry 5254 Name of Froil Sorm. Mesa Verde   For Froil Sorm. Mesa Verde   For Cliffus Fry 5254 Name of Froil Sorm. Mesa Verde   For Froil Sorm. Mesa Verde   For Cliffus Fry 5254 Name of Froil Sorm. Mesa Verde   For Froil Sorm. Mesa Verde   For Cliffus Fry 5254 Name of Froil Sorm. Mesa Verde   For Froil Sorm. Mesa Verde   Fo | K Latter    | , Sec                        | 19, T., 27, 1                         | R <b>5</b> , NMPM      | Blanco, Mesa                    | Verde Pool  |  |
| Please indicate location  D C B A  For Cityles Fr., 5254 Name of Fred. Sam. Mesa Verde  For Cityles Fr., 5254 Name of Fred. Sam. Mesa Verde  For Cityles Fr., 5254 Name of Fred. Sam. Mesa Verde  For Cityles Fr., 5254 Name of Fred. Sam. Mesa Verde  For Cityles Fr., 5254 Name of Fred. Sam. Mesa Verde  For Cityles Fr., 5254 Name of Fred. Sam. Mesa Verde  For Cityles Fr., 5254 Name of Fred. Sam. Mesa Verde  For Cityles Mesa Verde  For Cityles Fred. Sam. Mesa Verde  For Cityles Fred. Sam. Mesa Verde  For Cityles Mesa Verde  For Cityles Fred. Sam. Mesa Verde  For Cityles Fred. Sam. Mesa Verde  For Company  For Cityles Fred. Sam. Mesa Verde  For Cityles Fred. Sam. Mesa Verde  For Cityles Fred. Sam. Mesa Verde  For Company  Onl. Con. Com.  Onl. Con. Com. |             |                              | County. Date S                        | pudded                 | Re: Cos<br>Date <u>Publicas</u> | mpleted 11-17-60  |  |
| E F G H  Cit Military  Discriptions  Discrip | Please i    | ndicate locat                | uon: Flevation                        | 6363 G                 | etal Derth 5471                 |   |  |
| L K J I  Natural Front Tests   | D C         | В                            | A                                     |                        | ame of Frod. Form.              | Mesa Verde  |  |
| L K J I  Natural Froz. Fest: bhis.oil. stils water in his. min. Size  Test After Acid or Fracture Treatment (after recovery et volume of all equil to water of those  | E F         | G                            | H Oran Bola                           | - A                    | epth                            | 5281  |  |
| Natural Froc. Test:  | LK          | J                            | GH WELL HIST -                        |                        |                                 |   |  |
| M N O P    Doad cil used):   bbls,oil,   fils water if   brs,   min. Size  | x           |                              | Natural from Te                       |                        |                                 | rhrsnin. Size   |  |
| tubing Casing and Committing Record  Sur Feet Sax Test After Scid or Fracture Treatment: MLE/Cay; hours flowed  10-3/h 171 108  7-5/8 3272 136  Sand):  Sand): | MN          | 0                            | P load oil used):_                    |                        |                                 | Choka   |  |
| 7-5/8 3272 136    5-1/2 5468   334   | Size        | Feet                         | Sax Test After 4cid<br>Choke Size     | or Fracture Treatment: | MC                              | F/lay; hours flowed   |  |
| Remarks: An Intermitter was installed. Turned back on Production 11-11-00.  I hereby certify that the information given above is true and complete to the best of my knowledge. District Approved. JAN 1 0 1961  OIL CONSERVATION COMMISSION  By: Corporary of Operator:  Original Signed Emery C. Arnold  | 7-5/8 3     | 272<br>221                   | 136                                   | ·                      |                                 | uch as wit, water, oil, and   |  |
| Remarks: An Intermitter was installed. Turned back on Production 11-1 -00.  I hereby certify that the information given above is true and complete to the best of my knowledge 11-1 - 10.  Approved. JAN 1 0 1961  | 5-1/2 51    | 468                          | 254 ress                              | Fressoil run           | to tanks                        |   |  |
| I hereby certify that the information given above is true and complete to the best of my knowledge.  Approved. JAN 1 0 1961  OIL CONSERVATION COMMISSION  By:  (Company of Operator)  (Signature)  Original Signed Emery C. Arnold   | 2 .         | 5381                         | _                                     |                        | Gas Company                     |   |  |
| Approved JAN 1 0 1961 19 El Paso Natural Gas Composition of Operator (Corposary of Operator)  OIL CONSERVATION COMMISSION By:  Original Signed Emery C. Arnold   | Remarks: Ar | n Intermit                   | V                                     |                        |                                 | JAN1 0 1961   |  |
| Original Signed Emery C. Arnold  |             |                              | = = = = = = = = = = = = = = = = = = = |                        | so Natural Gas                  | compared to the second |  |
| By Original Signed Emery C. Arnold Title Production Engineer   | OIL (       | CONSERVA                     | TION COMMISSION                       | By:                    | V C C Signatu                   | r()   |  |
|  | By: Origin  | al Signed                    | Emery C. Arnold                       |                        |                                 |   |  |
| Title Supervisor Dist. # 3  Name:  | Title       | Superviso                    | r Dist. # 3                           |                        |                                 |   |  |
| Address  |             |                              |                                       |                        |                                 |   |  |