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DI:	TRIBUTION	4	ζ					
SANTA FE		2						
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U.S.G.S.								
LAND OFFICE								
TRANSPORTER	OIL							
	GAS							
PRORATION OFFI	CE							
OPERATOR	i	,						

NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe. New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWAPLE

New Well X 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.

	die seek		·	Albuquerq	que, New Mostle	:•	February 21	(Date)
VE ARE	HEREBY	REQUESTI	NG AN ALLOWABLE	FOR A WELL	KNOWN AS:	•		
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, Well			NE!/4	SE
	Company or		`-	case)	Chie	mak Calle	_	Pool
Umit	Letter		, T29N, R1					
	San Juan	j ,	County. Date Spudd	ed 10-28-61	Date Dr.	illing Com	pleted	11-13-41
		ite location:	Elevation 5135	G.L.	otal Depth	381	PB1D	
D	C	ВА	Top Oil/Gas Pay	11 to 221	lame of Prcd. Fo	Im•	Gallap	
			Perforations		Depth			
E	F	G H	Open Hole		eptn Casing Shoe	831	Depth Tubing	
			OIL WELL TEST -					
L	K	JI	Natural Prod. Test:	bbls.oil,	Zee bbls	water in _	24 hrs,	Choke min. Size
		x	Test After Acid or Fi					
M	N	0 P	load oil used):					Choke
			GAS WELL TEST -			., ,	C) -1 - C	· · · · ·
	(FOOTAGE		Natural Prod. Test:					
ubling), Size	_	Cementing Reco						
Size			Test After Acid or F:					
51"	83*	6	Choke Size	Method of Testing:				
2"	87*	None	Acid or Fracture Treasand): Completed					ater, oil, and
			PressPre		un to tanks		FFFI	
			Oil Transporter	adversal CO., Inc.	, Salt Labo Cl	ty, iftend	T-OFIA	
			Gas Transporter			M	AR8 10	62
emarks	:	***********				OIL	CON C	- T
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			formation given above i		ete to the best o	r my knov	AlcaBer	
pprove	dMAR8.	1962	, 19	Rayak Re	velopment Com (Com	pany or O	perator)	•=-
			N COMMISSION	H.E. S	SMTHWIGHT.	(Signature		
•			ery C. Arnold		Send Commun			
itleS	unervisor.	Dist. # 3		Name	k bove			
				Address				