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

## (Form C-104) Ravised 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.

L		iy or Ope	rator)	orseshoe Canyon *F" Well No 1 , in NW 1/4 (Lease), T. 30N , R. 16W , NMPM , Horseshoe Gallup	·
UMIT	Likitur			County. Date Spudded. 2-22-59 Date Drilling Completed 2-	
		dicate lo		Elevation 5308 KB Total Depth 1213 FRED	1176!
I d	C	В	i A	Top Oil/Gas Pay 1079 Name of Fred. Form. Gellup	·
		-		PRODUCING INTERVAL -	
	F	G	H	Perforations 1079'-1126'  Depth Death	
	_		"	Open Hole Casing Shoe 1212 Tubing	11551
	K	J	I	OIL WELL TEST -	Chal
_	-1			Natural Prod. Test:bbls.oil,btls water inhrs,	Chok min. Size
u I	N	0	P	Test After Acid or Fracture Treatment (after recovery of volume of oil equal	Chaka
•	41			load oil used): 110 bbls.oil, 0 bbls water in 24 hrs, m	in. Size
		<u> </u>	L	GAS WELL TEST -	
				Natural Prod. Test: MCF/Day; Hours flowed Choke Si	ze
dng ,	Casing e	and Cemen	ting Reco	Method of Testing (pitot, back pressure, etc.):	
Size					
		Feet	Sax	Test After Acid or Fracture Treatment: MCF/Day; Hours fl-	
-	_ [				owed
5/8	; see	84	80	Test After Acid or Fracture Treatment: MCF/Day; Hours fl	owed
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DISTRIBUTION						
Operator	NO.					
Santa Fe						
Proration Office						
State Land Office	ACTION NOT THE	e e				
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