NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

REQUEST FOR (DIE) - (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.

					(Place)		Saghani	(Date)
					OR A WELL KNO		:- ==1	1/4 📜 1/4
(Corr	npany or Ope	rator)		(Lesse)			
II	, Sec.	36	, T31.	, R 9	, NMPM.,	Rianno	•••••••	Poo
San J	1613		County. Dat	te Spudded	3-21-52	Date Drilli	ng Completed	6-25-52
	indicate le		Elevation	6510	Total	Depth	PBTD	······································
<u> </u>	В	TAT	Top Oil/Gas F	Pay 5094	Name o	f Prod. Form.	Hoes Ver	
′ `	' '		PRODUCING INT	TERVAL -				
1	P G	H	Perforations_				Depth	
'	G	0	Open Hole		Casing	Shoe	Tubing	5682
		<u> </u>	OIL WELL TEST	<u>-</u>				Choke
1	K J	I	Natural Prod	. Test:	bbls.oil,	bbls wate	r inhrs.	,min. Size_
			Test After A	cid or Fractu	re Treatment (after	recovery of v	volume of oil e	qual to volume of
	0	P	load oil used	d):	bbls.oil,	_bbls water in	hrs,	min. Size
			GAS WELL TEST	I -				
			Before per	foreting	635 MCF/Da	w. Houre flow	od 📤 Choki	e Size COCO
4 04		niina Been			back pressure, etc			
nng ,Cass Sire	ing and Ceme Feet	SAX	Method of Te	sting (pitot,	pack pressure, etc	· / ·	ICE/Dave Hour	s flowed
			7		od of Testing:			
10 3/4	224	150						
y**	5048	365	Acid or Fract	ture Treatmen	t (Give amounts of	materials used	, such as acid	, water, oil, and
	70-0	34)	sand):	Tubing	Date first	new		
*	5682		Casing Press.	Press	oil run to	tanks		
			Oil Transpor	ter El Pe	seo Meteral Ca	a Product	Company	ACTEN
			Gas Transpor	ter El R	seo Neteral Ga	6 COMMANY		K[].HIA
arks:								SED
				•••••		***************************************	0//	19/95
				•••••				CON
I hereb	y certify th	at the infe	ormation given	above is tru	e and complete to	the best of my	knowledg	OIST COM
oroved	SEP 1 0							
						M C M.	or Operator)	
			COMMISSIO		By:	######################################	mature H. E.	Mucrell, J
Onidia	nal Sione	d Emer	y C. Arnold	3	rges, s	Mer. Pr	od. Dest.	
			-		TitleSend	Communicat	ions regarding	well to:
e Sug	pervisor Dis	it. 11 🎍		····		i. R. Muce	•	
					Address 106	Vest Chas	ka, Astoc,	New Mexico

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