NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

(Form C-104) Revised 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.

			(Place) (Date) NG AN ALLOWABLE FOR A WELL KNOWN AS: any Ute Indian , Well No. 2-23 , in NW 1/4 SW 1/4,
{ Co	mpany or Op	crator)	(Lease)
		23	T. 31N , R. 15W , NMPM., Verde Gallup Pool
Umh L		0 10	County. Date Spudded
			County. Date Spudded Date Drilling Completed Elevation 5587 DF Total Depth 2380 PBTD 2339
Plea	se indicate l	ocation:	Top Oil/ Pay 2285 Name of Prod. Form. Gallup
D	C B	A	PRODUCING INTERVAL -
			Perforations 2285-2334
E	F G	H	Depth Depth Open Hole Casing Shoe 2371: 50 Tubing
L	KJ	I	OIL WELL TEST - Choke
	v.		Natural Prod. Test: bbls.oil, bbls water in hrs, min. Size
0			Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of
M	N O	P	load oil used): 222 bbls.oil,bbls water in 21 hrs,min. Size
Ì			GAS WELL TEST -
			Natural Prod. Test: MCF/Day; Hours flowed Choke Size
•	sing and Cem		•
Size	Feet	Sax	Test After Acid or Fracture Treatment: MCF/Day; Hours flowed
0 T 10		°a	Choke SizeMethod of Testing:
9 5/8	92	ි <u>o</u>	for a wind much as acid water oil, and
5 1/2	2375	8ා	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and
			sand): Casing Tubing Date first new
		İ	Press. Press. oil run to tanks August 31, 1957
			Oil Transporter L. B. Petty Trucking Service
		<u> </u>	Gas Transporter
emarks:			
		***************	34 00 CS
			* *OA. *O
1 here	by certify the	nat the uni	ormation given above is true and complete to the best of my knowledge.
pproved	9 61	2 <u>2 4</u>	19 Southern Union Gas Commany (Company of Operator)
0	IL CONSE	RVATION	COMMISSION B. (Signature)
2°4\$	dical Sin	and Sm	
y: Original Signed Entery C. Arnold			1 Tile The state of the state o
7:		•••	Send Communications regarding went to:
•			Send Communications regarding well to: Name Paul J. Clote

OIL COST DESCRIPTION TO AMESSION