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.

			-	Farmington, New Mexico August 10,1959
C. M.	Cars	roll	_	(Place) (Date) ING AN ALLOWABLE FOR A WELL KNOWN AS: Ute Mountain Tribal, Well No. A-7, in SE 1/4, NW 1/4,
F	(Compan	y or Op	erator) 13	(Lease) Verde Gallup Pool
San	Juan			County. Date Spudded 7/16/59 Date Drilling Completed 7/29/59 Elevation 5685 K. B. Total Depth 2468 PBTD
P	lease inc	dicate l	ocation:	Top Oil/Gas Pay 2368 Name of Prod. Form. Lower Gallup
D	C	В	A	PRODUCING INTERVAL -
E	F	G	H	Perforations None Open Hole 2363-2468 Depth Casing Shoe 2368: Depth Tubing 2394
L	K	J	I	OIL WELL TEST -
M	N	0	P	Natural Prod. Test: Dols. oil,
M	И			load oil used): 162 bbls,oil, 0 bbls water in 24 hrs, 0 min. Size
Tubing .	Casing s	and Geme	enting Reco	Natural Prod. Test:MCF/Day; Hours flowedChoke Size
Size	•	Feet	Sax	Test After Acid or Fracture Treatment: MCF/Day; Hours flowed
8-5/	'8]	L44	50	Choke SizeMethod of Testing:
5-1/2		363 No st	150 age)	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 950 bbls lease crude, 30,000# 20-40 sand Casino O Tubing Date first new
				Casing Open Tubing umping in the first new Press. Open Press Pumping run to tanks 8/5/59 Cil Transporter El Pase Natural Gas Products Company
2-3/	/8 23	394		Gas Transporter None
Remarks	GOR	tesi	will	be run and reported in near future
T ha			at the infe	ormation given above is true and complete to the best of my knowledge. DIST 3
	d			C. M. Carroll [Company or Operator]
				COMMISSION By: Roy Owen (Signature)
By: Or	iginal			Title Manager Send Communications regarding well to:
Title	•••••••	Sug	pervisor Di	Name Ray Owen
				P. O. Box 337. Farmington. N. M.

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