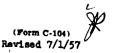
NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico



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)	# Nove	ber 13, 195 ((Date)
		•	ING AN ALLOWABLE I			, ,
en une ((Company or C	.Com. Comp.	ony Uto India (Lea	Well No	47, in	1/4
			T. 311 , R. 1		do Gallup	Poo
Unit	Patrial					
			County. Date Spudded	Total Dept	te Drilling Completed	10-7-90
Ple	ase indicate	location:	· · · · · · · · · · · · · · · · · · ·	Name of Pro	and the second s	
D ,	CE	A		Name of Pr	od. Form.	
			PRODUCING INTERVAL -	has area		
E	F G	H	Perforations2	Depth Casing Shoo	Depth	An on
	Ī		Open Hole	Casing Shoo	Tubing	2771
L	KJ	Ī	OIL WELL TEST -			Ch. I
"			Natural Prod. Test:	bbls.oil,	bbls water inhrs	Choke min. Siże_
			Test After Acid or Frac	ture Treatment (after reco	overy of volume of oil e	qual to volume of
M	и о	P	load oil used): 14	_bbls.oil,bbls	water inhrs,	Choke min.Size
l			GAS WELL TEST -	9 SPN X 20" Stroke	_	
	<u> </u>					
			_ *	MCF/Day; Ho		e Size
Size	Feet	menting Recor	.,	t, back pressure, etc.):_		
- 4	1	1	Test After Acid or Fract	ture Treatment:	MCF/Day; Hour	s flowed
9-5/8	116	80	Choke SizeMeth	nod of Testing:		
= 1/0	2648	150	Acid or Fracture Treatme	ent (Gi ve amounts of mater	ials used, such as acid	, water, oil, and
5-1/2	2540	150	sand): 780 bals.	oil & 25,000# mond	· · · · · · · · · · · · · · · · · · ·	
2"	2597		Casing Tubing	Date first new oil run to tanks	11-12-58	
		+		Paso Mataral Gas F		
						EPPI
marke ·			Gas Transporter_		K	
					4	-FILTO!
**********	***************	****************	***************************************	······································	0.	7771950
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ı nere	eby certify	mat the inic	ormation given above is tr	ue and complete to the o	est of the knowledge of	ST. 3 COM.
provea.	•••••••	*****************	, 19		Company or Operator)	
_	II CONSI	PUATION	COMMISSION	By: L. S. MUENNINK		
				L. S. Manna (n) (Signature)		
Or	iginal Sig	ned Eme	ery C. Arnold	Title Explorati		
lle Supervisor Dist. # 3				Send Communications regarding well to:		
ile				Name A. M. V	Lederiseke	
				Address IIII In	rt Bide Dellas	