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.

			e de la companya de l	(Place)	(Date)
	-	-		OR A WELL KNOWN AS:	
ICARY . N (C	ompany or Op	campally, retor)	IncNavaj((Lea	, Well No23	
	, Sec.	.14	, T31%, R17%.	, NMPM.,Horseshee-(Po
lenbse	73.		County. Date Spudded	8-26-60 Date Drilling	Completed8/30/60
	se indicate k		Claustian FOOGS Co.	Total Depth 1600	
B	C B	T A	Top Oil/Gas Pay Ogal	Name of Prod. Form. R	allup
3 667	.,		Perforations 0101		
E	FG.	H	Open Hole	Depth	Depth Tubing 950
	Page Control		OIL WELL TEST -	/	
L	K 1 J	I		bbls.oil,bbls water :	Chok
	·			ture Treatment (after recovery of volu	
M	N O	P		_bbls.oil,bbls water in _	Choke
			GAS WELL TEST -		
	L	<u> </u>		MCF/Day; Hours flowed	Challe Cine
	sing and Come	nting Reco	•	-	Choke Size
Size	Feet	Sax	• •	t, back pressure, etc.):	CE/David Harma (1) amind
				ture Treatment:M hod of Testing:	
8_5/8" 109' 90				· · · · · · · · · · · · · · · · · · ·	
5 } "	10001	100	Acid or Fracture Treatme	ent (Give amounts of materials used, s	such as acid, water, oil, an
2-3/8" 960'			Casing Tubing	Date first new oil run to tanks Isn	
			Oil Transporter 11 B	ase Natural Gas Products C	- OFFFIVER
			Gas Transporter Name	ashee Gallup Gesoline Corp	
emarks:.		************	***************************************		AN 25 1961
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c	OIL CONSE	RVATION	COMMISSION	By:pKy. Berry (Signal	Land My
y:Oxis	einal Sign	ed Eme	ry C. Arnold	Title. Dist. Rred Supt. Send Communication	s regarding well to:
itleSupe	ryisor Dist. #	3		••	
	ICCC Aztec			Name. P. M. Barry	7
WW Pe	rmington	{} }		Address. Box. 3371, Durang	o, Colerado