| 015 | TRIBUTIC | NN | _ | - |
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| SANTA FE | | | | |
| FILE | | | | |
| U.S.G.S. | | T | | _ |
| LAND OFFICE | | · · | | |
| | OIL | | | |
| TRANSPORTER | GAS | <u>i</u> | | _ |
| PRORATION OFFIC | C 🕊 | | | |
| OPERATOR | | | | |

NJ-** MEXICO OIL CONSERVATION COMMISSION (Form C-104) Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWANGE O. C. C.

Nov 6 10 35 New Well

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 able 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 recompletio: The completion date shall be that date in the case of an oil well when new oil is delivmonth of the stock tanks. Gat must be reported on 15.025 psia at 60° Fahrenheit.

| | EREBY RE | tion | Chio | -Federal | , Well N | o1 | , in | NW 1 | 4 |
|---|---|--|--|--|---|--|--|---|--|
| (Cor | mpany or Oper | ator) | ~ ~ | (Lesse) | | Gaurear | San And | ires - G | S. Pr |
| B | , Sec | | , T9.5 | (Leale) | , NMPM., | | 17 241.7 A 47 A1 | | |
| Unit Les | Lee | | - | ate Spudded | 3-26-60 | Date | Drilling Co | mpleted | 4-28-60 |
| | e indicate lo | | | Pay 4897 | | | | | |
| D | C B | A | PRODUCING I | NTERVAL - | | | | | |
| | | | Perforation | s4897-991 | 4902-13: | 4922-29 | 4938-4 | 6: 4968- Depth | 72 |
| E | F G | H | Open Hole | | Ca | sing Shoe | 5044 | Tubing_ | |
| | | ┝╼╤╾┥ | OIL WELL TE | <u>- ST</u> | | | | | Cho |
| L | K J | I | Natural Pro | od. Test: | bbls.oil, | bb | ls water in | hrs, | min. S12 |
| | | | Test After | Acid or Fracture | e Treatment (a | after recove | ry of volum | e of oil eq | ual to volume Choke |
| M | N O | P | load oil us | sed):bb | bls.oil, | bbls w | ater in | hrs, | |
| | | | GAS WELL TH | E <u>ST</u> - | | | | | |
| | | | | | | | • flowed | Choke | e Size |
| 901 PN | L - 1650' | FEL | | od. Test: Non | M | CF/Day; Hour | s nowed _ | | |
| | L - 1650" | | | od. Test: Nor | | | | | |
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| ibing ,Ca | / FORTACE) | nting Recon | rd Method of Test After | Testing (pitot,) Acid or Fractur | back pressure e Treatment:_ | , etc.): 1,770 | MCI | | |
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