			NE	₩ M <sup>~</sup> 1CO	OIL CONSE	RVATIO	N COMMIS'	N.		(Form C-104)
					Santa Fe, No			`		Revised 7/1/57
				UEST FO			2 1 1 1 1 1 1	an an thu		New Well Recompletion
m C-1 e will nth of d into	104 is t be assi f comp the st	o be subi gned effe letion or ock tank	mitted in Q ective 7:00 recomplet s. Gas must	UADRUPLIC A.M. on date ion. The comp be reported o	CATE to the sa of completion pletion date si n 15.025 psia :	ame Distric i or recomp hall be that at 60° Fah Hobb (Place	ti Office to wi pletion, provid t date in the c renheit. s, New Mex	hich Form C ded this for case of an oil clco OC	L-101 was in is filed I well whe	Oil or Gas well. sent. The allow- during calendar n new oil is deliv- (Date)
E ARE	E HER	EBY RI		NG AN ALLO	WABLE FOR	K A WELI	L KNOWN A	AD: in	SE ,	14
<b>AZ</b>	Compa	nv or Ope	as compo rator)	··· <b>·</b>	(Lease)	, wei	1 110		1	· //, /*,
F		, Sec.	32	, T95	., R. 38E	, NMPN	1., <del>50</del>	uttr Sawya	<b>r</b>	Pool
Unit .e8	Letter			County. Da						
	•••••••			Elevation	3948KB		 _Total Depth	5020	PBTD	4967
P	lease in	ndicate le	cation:							r es
D	C	B	A	PRODUCING IN			•			
				Perforations		4914-34	Denth		Depth	
E	F	G	H	Open Hole			_Casing Shoe	501 <b>9'</b>	Tubing_	49001
		┼┯	I	OIL WELL TES						Choke
	K	J								min. Size
										ual to volume of Choké
	N	0	Р	load oil use	d):b	bls.oil,	bbls v	water in	hrs,	min. Size
ļ				GAS WELL TES	<u>T</u> -					
32	-95-	58E		. Natural Prod	- . Test:		_MCF/Day; Hour	rs flowed	Choke	Size
bing,	,Casing	and Cem	nting Recor	<b>d</b> Method of Te						
Sire		Feet	Sax	Test After Acid or Fracture Treatment: 5200 MCF/Day; Hours flowed 6						
8-5/	/8"	326	<b>2</b> 25	Choke SizeMethod of Testing: Critical flow prover						
4 <u>1</u> "	1	5019 150		Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 500 gailons MCA and 7000 gallons reg. 15% NELST						
2"		4900		sand): 50 Casing Di	O gailons Tubing	MCA and Date	first new	ons req.	15% NEL	.51
				-						
					ter					1.1-
				Gas Transporting Shut 1	ter <u>ELF</u>	on pipe	Ine conne	ction.		
mark	s:	Well	s prese	ITTY SHULL		<u></u>	/			
			•••••	•••••••		1.1			*****	
								********		•••••
Ιh	ereby	certify th	nat the info	ormation given	above is true	e and comp	Arter 011	t Gas C.		
prove	ed			••••••	, 19	••••••	<u>, 100 011</u> ((	Company or Corginial sig	perator)	
	<b>-</b>			00101000	ON	R.		LESTER L		·····
	OIL	CONSE	KVATION	COMMISSI		יייייייייייייייייייייייייייייייייייייי	••••••••••	(Signatu	re)	
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