## NEW MEXICO OIL CONSERVATION COMMISSION RECEIVED 1041 Santa Fe, New Mexico

## REQUEST FOR (OIL) - (GAS) ALLOWABLEJUN 2 3 1986 Well Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Gil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form G-104 was senting 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. Cas must be reported on 15.025 psia at 60° Fahrenheit.

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E AR			-			R A WELL KN					
				tes	State (Lease)	, Well No	17	, in.	.MK	1/4 115	1/4
	•	ny or Ope Sec.	-	т178		, NMPM., <sup>1</sup>	Empire	Abo Un	designat	ed	Poc
Unit	Letter										
E	ದೆಯ್			County. Date	e Spudded	6-1-60 Total	Date	Drilling O	capleted	્રે~1' 6303	
P	lease in	dicate le	ocation:			Name					
D	C	В	A							· · · · · · · · · · · · · · · · · · ·	
			X	PRODUCING INT		(aa) (aa	1-				
E	F	G.	H			6298 - 631 Depth	_		Depth	(000	
						Casin	ig Shoe	0000	Tubing_	6239	<del></del>
L	K	J	I	OIL WELL TEST							Choke
_			1 1	Natural Prod.	Test:	bbls.oil,	bb	ls water in	hrs,	min.	Size_
M	N	<b> </b>	P			e Treatment (afte					
M	N	0	•	load oil used	): <b>36</b> /!	bls.oil, 0	bbls w	ater in _	hrs, <b>0</b>	min. Siz	<u>. 12</u>
		<u> </u>		GAS WELL TEST	-						
_66	O PN	660	PR /	. Natural Prod.	Test:	MCF/D	ay; Hour	s flowed	Choke	Size	
ıbing ,	Casing	and Ceme	nting Recor	d Method of Tes	ting (pitot,	back pressure, et	.c.):				
Size	•	Feet	Sax	Test After Ac	id or Fractur	e Treatment:		MCF	/Day; Hours	flowed	
				Choke Size	Method	of Testing:					
8-5/	8	7501	300 170	- <del>100</del> 100							
<u>51</u> /	211	64051	150 sks.	ACTS of Fracti	ure Treatment	(Give amounts of	materia.	is used, su	cn as acid,	water, oi.	i, and
				sand): Casing	Tubing	15% reg aci	new	perfor	ation.		
24		62391		Press Page	Press	550 oil run to	tanks	6-19	-60		
				l		se Pips Mas	_				
				Gas Transport	er	<del></del>					
mark	s:		•		••••		••••••	·····			
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I h	ereby c	ertify th	at the info	rmation given a	above is true	and complete to					
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	OIL C	ONSER	WATION	COMMISSIO	<b>IN</b> .	Бу :		(Signatu	re)		
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