NUMBER OF COP . SAECEIVED				EW MEXICO OIL CONSERVAT				
SANTA FE				Santa Fe, New Mexico	Revised 7/1/57			
FILE U.S.G.S.	·	11						
LAND OFFICE				REQUEST FOR (OIL) - (GAS)	ALLOWARIE			
TRANSPORTER	GAS			()				
PROPATION OFFICE		1			ARTENAN, WEITCE			
OPERATOR		2			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)			
E ARE	HERE	BY RE	QUESTI	NG AN ALLC	WABLE FO	R A WELL KNO	OWN AS	(D	ate)
-				Seame Pol	10001 15-1	9, Well No	6 in		1/
	Jompany	or Oper	retor)		(Lease)				
unit	Lotter	, Sec		, T 198	., R	, NMPM., 	erib. Square 1	in Und	Pcol
·····		.	· • • • • • • • • • • • • • • • • • • •	County. Da	te Spudded	3-10-61	Date Drilling C	apleted	-61
Ple	ase indi					Total i		PBTD TAS	
DT	C I	В	A	Top Oil/Gas I	Pay	Name of	f Prod. Form.	artenna (Press	<u>er)</u>
		D	•	PRODUCING IN	TERVAL -				
				Perforations	MIN-78.	1000-93. YT	-16 11/2 Jacks	/n.	
E	F	G	H	Open Hole		Depth Casing	Shoe	Depth Tubing	
				OIL WELL TEST					4 <u></u>
L	K	J	I		-	bbls.oil,	hhla		Choke
MN	N	0	P			e Treatment (after			The alies
						bls.cil,	DDIS water in	hrs,min. 1	Size Style
	L	- 30- 6		CAS WELL TEST					
3101	(FOOTAC				Test:	MCF/Day	; Hours flowed	Choke Size	
			ting Recor	d Method of Tes	sting (pitot,	back pressure, etc.):		
Size Feet			Sax	Test After Ac	id or Fractur	e Treatment:	MCF,	Day; Hours flowed	
8 8</td <td></td> <td></td> <td>100</td> <td>Choke Size</td> <td>Method</td> <td>cf Testing:</td> <td></td> <td>· · · · · · · · · · · · · · · · · · ·</td> <td></td>			100	Choke Size	Method	cf Testing:		· · · · · · · · · · · · · · · · · · ·	
				Acid or Fract	ure Treatment	(Give amounts of m	aterials used, suc	h as acid, water.	otl. and
<u>1/2</u>			190	sand):	10.00			- as acro, water,	
				Casing	Tubing	Date first n			
2 3/6		7		Press.		oil run to t	anks		
				Oil Transport				<u></u>	
			inter o	Gas Transport				the and whe	-
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						and complete to th	a best of my know		• • • • • • • • • • • • • • • •
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	// 'L	/ ' '	MAX	<u>7010</u>	•••••	Title	t. Ingineer		NEW WEXI
OIL AND GAS INSPECTOR							Communications r		-
le	••••••			F		Name	WEAL VOIL OT	Nex., A Div. 011 Ca	
						Add Brest	r S. Monahan		

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DISTRIBUTION SANTA L. FILE U.S.U. LAND OFFICE TRANSPORTER PHORATION OFFICE OPERATOR		CERTIFIC	CATE	SAN OF CC NSPOI	NTA FE	, NEW N ANCE L AND	ION COMMISSION EXICO AND AUTHORIZ NATURAL GAS		C. C.	
Company or Operator	tendert (Al Company of	? Temp				Lease	FICE ARTESI	Well No.	
Unit Letter	Section	Township Range					County		6	
Pool	10	168			313		Tibly			
Horth Squar		regiones) 🧭	Und	<u>i i</u>			Kind of Lease (State, Fi	ed Fee)		
If well produ	ices oil or con ocation of tan	densate s	sate Unit Letter			Section	Township	Range		
Authorized transporter of	of oil 📕 or a	ondensate			Addres		dress to which approved c			
Continental Authorized transporter o		Is Gas Act		Con-	ad? Yo	s	K 57, Artesia, No Z tress to which approved c			
If gas is not being sold,	New Well Change in Tr Oil	ta yunying un	(S) FOR	FILING	(please Change		oper box) ship	•		
R ematk s					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Ĭ	MAY 2 9		
The undersigned certif	ies that the l	ules and Regulatio	ns of the	Oil Cor	servatio	n Commi	ssion have been compli	ied.within,	W MEXICO	
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Approved by ML Title	<u>Asm</u>	on commission	••••••••••••••••••••••••••••••••••••••		By Title Company		Confaul Ingineer and Chil Congerry	of Rems		
•iL Date	ANN GAS IN				A Det	isten.	of California G	11. Company	P	
	JUN 2	1961			Address	avez 8	, Mounhans, Tax			