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.

J V Vali Le	mpany or Op , Sec	(Totare	Contractor, Inc., Brainard, Well No. 6, in. NW 1/4 HE 1/4, (Lease) , T. 18, R. 29, NMPM., Turkey Track Pool
		· · · · • • • • • • • • • • • • • • • •	County. Date Spudded Oct. 27, 1958 Date Deiling Completed Dec. 4, 1958
Please indicate location:			Elevation 3385 Total Depth 2110 PBTD
D	СВ	A	Top Oil/Gas Pay 2102 Name of Prod. Form. Queen or Red Sand
E	F G	H	Perforations None Open Hole 2099 to 2110 Depth Casing Shoe 2099 Tubing 2105
L	K J	I	OIL WELL TEST - Choke Natural Prod. Test: 2bbls.oil, Nobbls water in24hrs,min. Size
M	N O	P	Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke Choke Ioad oil used): 33 bbls.oil, No bbls water in 24 hrs, min. Size Pump
2201	C 724		GAS WELL TEST -
	<u>S-2310</u>		Natural Prod. Test:MCF/Day; Hours flowedChoke Size
Size	ing and Gem Feet	Sax	Method of Testing (pitot, back pressure, etc.):
			Choke SizeMethod of Testing:
8 5/8	329	20	
51/2	2099	30	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): Sand Fractured with 20,000 bbls. lease oil, 30,000 lbs. se
			Casing 1990 Tubing None Date first new January 5, 1959
	<u> </u>	┣───	Oil Transporter Maleo Reg. In P. Dur.
<u> </u>			Gas Transporter
		+ - 20 E	
marks :	Reques		P.D. allowable be given this well starting January 5, 1959
marks :	Reques		P.D. allowable be given this well starting January 5, 1959
I heret	by certify th	hat the info	ormation given above is true and complete to the best of my knowledge.
I herek oproved	by certify th	nat the infe	ormation given above is true and complete to the best of my knowledge.
I hereb proved OI	by certify th L CONSE	nat the info	ormation given above is true and complete to the best of my knowledge.
I hereb proved OI	by certify th L CONSE	nat the info	ormation given above is true and complete to the best of my knowledge.
OI :	by certify th L CONSE	nat the info RVATION	ormation given above is true and complete to the best of my knowledge. 55