## NUMBER OF COF S RECEIVED C. STRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER GAS F'(GRATION OFFICE COPENATOR ()

## NEW MEXICO OF CONSERV. ON COMMISSION Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

## REQUEST FOR (OIL) - (ALLOWAPLE

New Well

This form Small 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.

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	(Company or Operator)			/1 accal	· ·		· · · · · · · · · · · · · · · · · · ·	
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Unit La	Ater	-	·	, •	. 1. 42			20 62
	Eccy		County. Dat	te Spudded	Z-4-01	Date Drilling	Completed 11	74: -12-07
Plea	se indicate le	ocation:					Queen	
D	C B	A			Name (	or Frod. Form.	C (STORY L)	
			PRODUCING INT	===				
E	F G	H	Perforations	3600-35981	. 3587-85'.	3580-78	Depth Tubing	34-32'
F		<b>"</b>	Open Hole		Casin	g Shoe	Tubing	459'
			OIL WELL TEST	<u>r</u> -				
L	K J	- 2	Natural Prod	. Test:	bbls.oil,	bbls water	in hrs,	Chok min. Size_
•			ł			<del></del>	ume of oil equal	
M	N O	P	load oil use	d): 🥰 bbi	scoil.	bbls in	<b>7</b> hrs,mi	Choke
			1					
201 1	er ((A)		GAS WELL TEST	-			•	
	rsi, 660'			• Test:	MCF/D	ay; Hours flowed	Choke Siz	e
•	sing and Ceme					c.):		<del></del>
Size	Feet	SAX	Test After A	cid or Fracture	Treatment:	^	ACF/Day; Hours flo	wed
-5/8=	9181	100	Choke Size	Method d	of Testing:			
	<b>- /</b>	400	=======================================	ture Treatment (	Civo amounts of	materials used.	such as acid, wat	er, oil, and
-1/2*	36771	500			Acce	<b>167 Tel Sell P</b>	er gal & 2-3 by set oil w	
			casing	Tubing	Date first	new	ry 1, 1962	1 <del>981 - 17 4</del> 14
-3/8"	34591							
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	-L	<u> </u>	Gas Transpor	ter				CEL
marks:				•••••	*******************		••••••••••••••••••••••••••••••••••••••	 इ.स.च्या
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				······································				<u> </u>
I hass	by certify th	at the in	formation given	above is true a	and complete to	the best of my k	inowledge.	ESIA, DFF
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