NEW MEXICO OIL CONSERVATION COMMISSION Sants Fe, New Mexico

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

REQUEST FOR (OH) - (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.

				•		Farmington,	NewMexic		.5/19/60. (Date)	
TE ARE	HEREBY	REC	DUESTIN	ig an allo	WABLE FO	R A WELL KNO	OWN AS:		(582)	
			•			, Well No		, in	.¼SE	1/4
(Č	company or	Oper	HOT)		(Lesse)					
	Letter	Sec		, TZ4N	, R3 I	, NMPM.,	ROULA	. <u></u>	***************************************	Poo
Rio Ax	criba			County. Da	te Spudded.k	/19/40.56	Date Drilli	ng Completed	.h/28/5	6
Please indicate location:				. Total						
D	C	В	A	Top 011/Gas PRODUCING IN	•	Name o	f Prod. Form.	C. W. W	Alker	
					,			1		
E	F	G	H			to 30881 Depth Casing		Depth Tubing		
				OIL WELL TES	<u> </u>			•		
L	K	J	I		_	bbls.oil,	bbls wate	or inhr	,min.	Choke Size_
			•			e Treatment (after	1	-		
M	N	0	P	load oil use	ed) :t	obls,oil,	_bbls water is	n'hrs,	min-Siz	ke e
				GAS WELL TES	<u>ı</u> -					
				. Natural Proc	i. Test:	MCF/Da	y; Hours flow	edChol	ce Size	
ubing ,C	esing and	Comen	ting Recor	d Method of Te	esting (pitot,	back pressure, etc	:.):		·	
Size Feet Sax		Test After	Acid or Fractu	re Treatment:	30,430	_MCF/Day; Hour	rs flowed	3_		
0 ~ 4		86	175	Choke Size	3/4" Method	of Testing:				
8-5,8	· ·		1/3	Acid on Erro	ture Treatment	(Give amounts of	materials used	, such as acid	l, water, oi	l, and
5-1/	31	5	150	j		Webe Pine 2				
2#	30	3026		Caston	Tubing	Date first 92 oil run to	new	101	H(a)	4
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emarks:				installed				OIL GO	(4) (3())	
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I ber	reby certif	y tha	t the info	rmation given	above is true	and complete to	the best of my	knowledge.	\ ='	
	5/		<u> </u>	MAY 2 0 1950	, 19	·······Socony···	Mobil Oil	or Operator)	••••••••••••••••	
		·				-7/100	/ (12		**
(OIL CON	ISER'	VATION	COMMISSI	UN	Бу:		;nature }		
. Oı	riginal :	Sign	ed Eme	ev C. Arn	old.	Title Prod	netion Eng	ineer		
·				*****************		Send	Communicat	ions regarding	well to:	
itle	Superv	HOT L	15- 17 -	***************************************		Name 5				
						Name5000		II. OO. Inc	J	
				÷	•	Address Box	ington, Ne	w Mexico		

STATE OF NEW MEXICO												
OIL CONSERVATION COMMISSION												
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