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REW MEXICO ONL CONSERVATION COMMISSION Santa Fe, New Mexico

(Form C-10. 7/1/97)
Ravised 7/1/97

REQUEST FOR (OIL) - (GAS) ALLOWAPLE

New Well Recomplete

This form Stant be submetted 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.

				Senta Fe No Mac	July 21, 1960
E ARE I	HEREBY I	REQUEST	ING AN ALLOWABLE F	OR A WELL KNOWN AS:	(240.7
T. H. Markyain		YADI	SF-078584		, in
(Co	mpany or O	perator)	(Leas	e)	
Unit La	, 50 ##	C	, 1 445 , K?#	, NMPM., 367118Fet	kCephup Poo
Rio	Arriba		County. Date Spudded.	6-19-60 Date Dril	ling Completed7-5-60
Plea	se indicate	location:		. Total Depth	
D (C B	A	İ	Name of Prod. Form	Gallup
			PRODUCING INTERVAL -	_	•
E .	P G	H	Perforations 5948	- 5958 v/ 6 shots per	Peoth
	· ·		Open Hole	Casing Shoe	23 Tubing 5934
L	K J	-	OIL WELL TEST -		
.	7	"	Natural Prod. Test:	bbls.oil,bbls wa	Choke ter inhrs,min. Size_
			Test After Acid or Fract	ure Treatment (after recovery of	volume of oil equal to volume of
М	N O	P	load oil used): 295	bbls,oil, Mone bbls water	in hrs, nmin. Size
			GAS WELL TEST -		•
			Natural Prod. Test:	MCF/Day; Hours flo	wedChoke Size
ubing ,Car	ing and Cer	menting Reco	wrd Method of Testing (pitot	, back pressure, etc.):	
Size Feet Sax		Sax	Test After Acid or Fract	cure Treatment:	MCF/Day; Hours flowed
a - 4a			Choke SizeMeth	od of Testing:	
8-5/8	205	125			
4-1/2	6023	160		•	ed, such as acid, water, oil, and
4		į	Casing Tubing	Date first new	22500/ 20-40 pand
2-3/8	5934	+=	-1	oil run to tanksini	y 10, 1980
	 		Oil Transporter		
EILIAI KS		*****			666
•••••••		•••••			(0)
I herel	ou castify t	hat the inf	ormation given above is tr	ue and complete to the best of n	ny khowledge.
pproved		9 - 1000			MATH
pp.oved	••••••••			Compa	y or Operator)
0	IL CONSE	ERVATION	COMMISSION	By: ///FC	wacu
نمنس	nal Sian	ed Rimer	v C. Arnold	! (\$	igrature)
y: Original Signed Emery C. Arnold				TitleOperator	ations regarding well to:
tle Sup	ervisor Dis	t#3			
				Name	<u> </u>

STATE OF NEW MEXICO

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