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NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe. New Mexico

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

REQUEST FOR (ELL) - (GAS) ALLOWAPLE

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.

| | | | | | | Durang (Place) | o, Colo | rado | 0ctob | | , 1962 Date) |
|--|----------|-------------|------------|-----------------------------|-------------------|--|------------------|----------------|----------------|----------|-----------------|
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| | | | - | | | nes , Well N | | |)W | /4 | SW 1/4 |
| | (Compan | y or Oper | ator) | _ | (Lease) | | | | | • | , |
| Unit | Letter | , Sec | | ., Т 244 | , R .># | , NMPM., | nucerra | na ceo n | em vel | | Pool |
| | Ric | Arrib | 4. | | te Spudded | 9 9 60 | Date | Drilling | Completed | 10-1 | 13-60 |
| P | lease in | dicate lo | cation: | | | Tot | | | | | B' RB |
| D | С | В | A | Top Oil/Gas | Pay 45931 | RB Nam | ne of Prod. | Form. | Mesa Ve | rde | |
| | | | • | PRODUCING IN | TERVAL - Me | sa Verde | | | | | |
| | _ | ļ | | Perforations | 46931 R | B - 4699' R | B & 460 | 4 RB - | 46131 | RB | |
| E | F | G | H | Open Hole | | Dep Cas | oth sing Shoe | 66H01 | Depth Tubin | 19 | |
| | | <u></u> | | OIL WELL TES | | | | | | | |
| L | K | J | I | Natural Prod | i. Test: | bbls.oil, | dd | ls water i | n hr | • • • | Choke |
| K | | | | | | re Treatment (af | | | | | _ |
| M | N | 0 | P | | | obls.oil, | | | | - | Choke |
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| | | | | GAS NELL TES | | -25 | | | a i | | a) //) = |
| | (FOGT | AGE) | WL | | i. Test: | 937 MCF | /Day; Hour | s flowed _ | ZH Cho | ke Size | ST/Off. |
| | • | | ting Recor | | | back pressure, | | | | | |
| 200 | , | Feet | Sax | Test After A | cid or Fractur | re Treatment: | | MC | CF/Day; Hou | rs flowe | ed |
| 2 7/ | /8= (| 56H01 | 800 | Choke Size_ | Method | d of Testing: | | | | | |
| /¥ | - V | | -\ | Acid or Erac | ture Treatment | (Give amounts | of materia. | ls used, s | uch as aci | d, water | oil, and |
| (DOE | A AGIA | ie only | <u> </u> | sand): | cure freethenc | (STAC BUILDINGS | | | | | |
| | | 1 | | Casing | Tubing | Date fir Date Date Date Date Date Date Date Date | st new | | | | |
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| | | - | | L. | | | | | | | |
| 1 | | E. Hav | mes No | - Gas Transpor 1 was com | pleted ini | so Natural | triple | comple | tion in | the l | Dakota. |
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| | 017 0 | ONCER | | COMMISSIO |)N | Or By: | riginal Sig | ned By: | OIL | CON. | COM. |
| | | | | COMMISSIO | | Ву: | """U""U | (Signat | | DIST. | |
| . (1 | rigina | l Signe | d Emer | y C. Arno | 18 | Title District Superintendent | | | | | |
| v: Original Signed Emery C. Arnold itle Supervisor Dist. # 3 | | | | | | Send Communications regarding well to: | | | | | |
| ileS | เนอยางใร | or Dist. i | r 💆 | | | Name | n. D. HA | Tel | | | |
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