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NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

REQUEST FOR - (GAS) ALLOWARLE WORKOVER

THE RESERVE OF THE

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.

					•••	(Place)	GR, Men		Jan	(Date)
LAR	E HER	EBY RE	QUESTIN	NG AN ALLO	WABLE FOR	A WELL K	NOWN	AS:		440.7
Ske	lly of	L1 Gong		L, L, M	eCommell.	, Well No	o	, i n.		
	(Compan	y or Ope	rator)	т. 251	(Lease) D W	NMPM	South	h Hlance)	Poo
Unit	Letter	, Sec	<i></i>	., I	., N	, 141411 141.,		verkever)	
Ria	Arri	ba		County. Dat	e Santana	10/18/62	Date	DESCRIPTION CO	mpleted	19/20/62
P	Please in	dicate lo	cation:			Tot				
D	С	В	A			Nan	e or Prod	· rotin• 8 **	962 04 02	
				PRODUCING INT						
FC .	- B	-	-	Perforations	3718' -	37891 Der	oth		Depth	0000
E	F	G	H	Open Hole		Dep Gas	sing Shoe	38251	Tubing	37821
	<u> </u>			OIL WELL TEST	-					Choke
L	K	J	I	Natural Prod	. Test:	bbls.oil,	t	bls water in	hrs,	min. Size
										ual to volume of
M	N	0	P							Choke min. Size
]			GAS WELL TES						
160 1		960¹ F	WY.			بين. بين	r /p 11		Choke	Size
	(F001	(JDA1								
_	•	_	nting Recor							flowed
_0h	<u> </u>	- FEE		- r						flowed
10-3,	/4"	152	200	Choke Size	Method	cf Testing:				
5-1	/2" 3	816	150	sand):						water, oil, and
1.66	O" 3	772		Casing	Tubing Press.	0.00		Date of	first De 1 10/25/	i.of gas af
	+_				ter					
				Gas Transpor	123	Paso Natur	al Gas	Company		
	This	vell	was ele	- was transpor					EUE tubi	of non reby
			. This	aned out fr	rk increes	ed the del	iverab	lity of	this wel	l from 143
emar	F. ME	tubing								
emari th 1	A to	tubin 176 MCI	/day, B	used on thi	8. Thiormas	ion an inc	rease :	n allows	DTO TO K	ad mac same
T/du	iàea;	176 MCI	//day, B	ared on thi		lon an im	rease :	IN STITUTE	mre re v	
T/da	hereby o	certify th	nat the infe	ormation given	above is true	and complete	to the b	IN STITUTE	owledge.	
T/da	hereby o	176 MCI	nat the infe	ared on thi	above is true	and complete	to the b	est of my kn	owledge.	Flyra.
F/&	hereby o	certify th	day. B	ormation given	above is true	and complete	to the b	est of my kn	owledge.	FIVED
I i	hereby o	certify the	nat the info	ormation given	above is true	and complete	to the b	est of my kn Company or Company or (Signa	owledge.	FIVED \
I i	hereby o	certify the	nat the info	ormation given	above is true	and complete	to the b	est of my kn COMPAN Company or (Signal	owledge. Operation	1963 4.00m
I i	hereby oved All	certify the second of the seco	nat the info RVATION	ormation given	above is true, 19	By:	to the b	est of my kn Company or Company or (Signa	owledge. Operate ure VAN 9 Kaladent	EIVED)