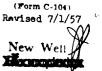
## NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

## REQUEST FOR (OIL) - ALLOWABLE



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.

			in oc reported on 15.025			April 28, 1959	
VE ARE I	HEREBY 1	REQUESTI	ING AN ALLOWABLE	` ,	NOWN AS:	(Date)	
						NW	
(Company or Operator)		(Le	:asc)		·		
Unit L	, Sc	c <i>22</i>	, T, R	M, NMPM.,	Otex	o (Gallup) Poo	
	******	Rio Arril	County. Date Spudde	d 11/8/58	Date Drilling Co	mpleted 11/25/58	
	se indicate		Elevation 672				
D	C B	<del></del>	Top Oil	Name_	of Prod. Form. C	allup	
I		A	PRODUCING INTERVAL -	·			
20			Perforations 6064-7	61. 6096-61121.	6122-44 6 61	.60 <b>-68</b> 1	
S	F G	H	Open Hole	Depti Casi	h ng Shoe <b>6226</b> 1	Depth Tubing <b>6164</b>	
			OIL WELL TEST -				
L K	K J	I				Choke	
		1. 1				hrs, min. Size	
M N	N O	P				e of oil equal to volume of Choke	
		-	load oil used): 31	bbls,oil,O	bbls water in _24	hrs, O min. Size Pur	
			GAS WELL TEST -				
ation	33-25¥-	5W	_ Natural Prod. Test:	MCF/I	Day; Hours flowed	Choke Size	
dng ,Cas	ing and Cer	menting Reco	<b>rd</b> Method of Testing (pit	ot, back pressure, e	tc.):		
Size	Feet	Sax	Test After Acid or Fra	cture Treatment:	MCF/	Day; Hours flowed	
2/1.8	220	•••	Choke SizeMe				
<u>-3/4"</u> D	330	300 (2-stage					
-1/2"	6247	739	ACID or Fracture Treat			h as acid, water, oil, and	
			l Casino Tubin	o Date first	. new	oil by Relliburton	
" EIR	6170		PressPress	oil run to	tanks April	13, 1959	
			Oil Transporter McW	ood Corporation	·	THE WAY	
	<u> </u>	<del></del>	Gas Transporter			CFINEY/	
marks:			***************************************		/RI	TILLY LID	
•••••		••••••				PR 28 1959	
	• • • • • • • • • • • • • • • • • • • •					COM.	
I hereb	y certify t	hat the info	ormation given above is	true and complete to	the best of my kol	Heave T. 3	
proved	A/PR	28 1959	, 19	Skelly Oi			
					(Company or O		
OIL CONSERVATION COMMISSION				By: (Signed) P. E. Cosper (Signature)			
Origi	nal Signe	ed Emery	C. Arnold	<b>№</b> 4	, -		
•••••••	***************************************	••••••			rict Superinted Communications re		
tle Supervisor Dist. # 3							
				Name	Ec.		
				Address		· wownkexity	

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S:428 1.474 1.4 U. S. G. S.			
Transporter			-
File	_	1	1

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