NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

REQUEST FOR (GAS) ALLOWABLE

New Well

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. Cas must be reported on 15.025 psia at 60° Fahrenheit.

						Farmington (Place)	n, Ne	w Mexi	.co	1-22-59 (Date)
WE AR	E HER	EBY R	EQUESTI	NG AN ALLOV	WABLE FOR	` '	IOWN .	AS:		(2200)
				COMPANY		A, Well No	11	-K , ir	NW	4SW 1/4,
	•	ny or Ope Sec		., T25N	(Lease)	NMDM	S B	Janco	PC Ryt	D 1
Unit	Letter		-							
• · · · · · · · · · · · · · · · · · · ·	R	io Ar	riba	County. Date	Spudded	Total	Date	Drilling 3264	Completed	12-11-58
P	Please in	dicate le	exation:			Name				
D	C	В	A			-T traine	01 1100.	. OI m.		VIIII
	}			PRODUCING INTE	TAVAL -	7169	201		•	
E	F	G	H	Perforations	<u> </u>	3168-0 Depth Casin	1 <u>Z.</u>	3264	Depth	3209
						Casin	ig Snoe		Tubing	<u> </u>
L	K	J	I	OIL WELL TEST -		Choke				
x										min. Size
M	N	0	P			Treatment (afte			·	Choke
						ls,oil,	bbls w	ater in	hrs,	min. Size
		<u> </u>		GAS WELL TEST						
·					Test: Non	MCF/D	ay; Hour	s flowed _	Choke	Size
Tubing Size	•	and Geme	nting Recor Sax			ack pressure, et			· · · · · · · · · · · · · · · · · · ·	
		<u> </u>		I	4.	Treatment: 5				flowed
8-5/	8"	88	70	Choke Size	<u>2/ ↔</u> Method	of Testing:	Bac	k pres	sure	
5-1/	: ווכ	3254	150	Acid or Fractu	re Treatment ((Give amounts of	materia	ls used, s	uch as acid,	water, oil, and
		<i>/</i>	<u> </u>	sand):	36,540 gi	allons wat	er.	45.000	# sand	
2-3/	8"]	3202	*	Casing Press	Press	Date first oil run to	tanks			
				Oil Transporte					- Constitution of the Cons	
L						Paso Natur			Deliber -	$\overline{}$
Remark	s :	******	•••••••••••••••••••••••••••••••••••••••				••••••			3 41
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Approve	:d	•••••			, 19		• • • • • • • • • • • • • • • • • • •	mpany or		The state of the s
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Ву:	rigins	il Sign	ea rme	ry C. Arnoli					oleum D regarding w	
Title	Supe	rvisor D	ist_ # 3					Z. S.		
					1.	Name			·····	
						Address BOX	997,	Farmi	ngton, l	New Mexico

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