NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well Recompletion

1958

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.

				Albuquerque,Ne (Place)	w Mexico	···October···4;
		-	NG AN ALLOWABLE FO			
Hugh McMillan (Company or Operator)		(Lease)				
Unn Lo	Sec	21	, T25N, R31/	, NMPM., SouthE	lanco-lixten	sionPool
Hio ar	riba		County. Date Spuddedi	5/19/58 Date 1	Drilling Completed	6/30/58
Pleas	se indicate l	ocation:	Top Oil/Gas Pay 3783 Name of Prod. Form. Pictured Cl			
D	C B	A	PRODUCING INTERVAL -	Name of Prod.	Form. Pictur	ed Cliffs
	_		Perforations 3785	92. 3816 20.	3 82836	
E	F G	H	Perforations 3785	Depth Casing Shoe	Depth Tubin	g3830
L	K J	I	OIL WELL TEST -	bbls.oil,bbl	s water in hr	Choke
Х				e Treatment (after recover		
M	N O	P		bls.oil,bbls wa		Choke
			GAS WELL TEST -			
Tubing ,Cas	ing and Gene Feet	nting Recor	Method of Testing (pitot,	MCF/Day; Hours back pressure, etc.): e Treatment:700		
8 5/8	107	125	Choke Size 3/1, Method	of Testing: Rack F	ressure	
5 -	3890	150	Acid or Fracture Treatment			d, water, oil, and
			sand): 40 000 gral Casing Tubing	Date first new	sand	
2	3830		Press. 1030 Press. 10)25_oil run to tanks		
			Oil Transporter			*
Remarks:	<u> </u>		Gas Transporter Flat	o Natural Gas C	ompany 1	0
		••••••			1 00	
		••••••			*,	CON CON
	_		rmation given above is true			Section 18
Approved		<u>) (1 </u>	, 19		npany or Operator)	
OI	L CONSEI	RVATION	COMMISSION	By:	Jar.	1
A 1.			m. C. Amold	•	S (Signature)	
By:	inai Sign	eu cmer	ry C. Arnold	TitleGeologist Send Commu	nications regarding	well to:
Title	Supe	rvisor Di st.	#3			
				NameHugh Molli		
				Address 4201 Alab	and Pavae	

TION COMMISSIO	N
TRICT OFFICE	
HELTION .	
NO. PUR VISHED	
1 1	-
	TRICT OFFICE