

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
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.

Albuquerque, New Mexico, 1-11-59

(Place)

(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Mountain States Pet. Corp. W. Howard, Well No. 1, in NE $\frac{1}{4}$ NW $\frac{1}{4}$,
(Company or Operator) (Lease)

G, Sec. 23, T. 25N, R. 2E, NMPM., Gavilan Pictured Cliffs Pool
Unit Letter

Rio Arriba

County. Date Spudded 10-5-59 Date Drilling Completed 10-18-59

Please indicate location:

Elevation 7283 KB Total Depth 3454 PBTD 3413

Top Oil/Gas Pay 3350 Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

Perforations 3353-3377

Open Hole none Depth 3444 Depth Casing Shoe 3444 Depth Tubing

OIL WELL TEST -

Natural Prod. Test: none bbls. oil, _____ bbls water in _____ hrs, _____ min. Choke Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Choke Size _____

GAS WELL TEST -

Natural Prod. Test: none MCF/Day; Hours flowed _____ Choke Size _____

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: 9,500 MCF/Day; Hours flowed 3

Choke Size _____ Method of Testing: Pitot through $4\frac{1}{2}$ " casing

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 40,000# sand and 42,000 gallons of water

Casing 930 Tubing _____ Date first new _____ Press. _____ oil run to tanks _____

Oil Transporter _____

Gas Transporter El Paso Natural Gas Company

Remarks:

I hereby certify that the information given above is true and complete to the best of my knowledge.
Approved: January 11 JAN 13 1960, 19 60 Mountain States Pet. Corp.
(Company or Operator)

OIL CONSERVATION COMMISSION

By: James C. Arnold

Title Supervisor Dist # 3

By: F. J. Ray
(Signature)
Vice-President

Title _____

Send Communications regarding well to:

Name F. J. Ray

936 Cardenas St
Albuquerque, New Mexico

Address _____



