NEW MEXICO OIL CONSFRVATION COMMISSION Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well Recompletions

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.

WE ART HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS: 8cm Jun; Ges Comporedion Highsmid: Fee Well No. h-P in 18 1/4 SE 1/4. Company or Operation Rio Agriba Sec. 14 T. 25N R. 24 NMPM, Gavalin P.C. Ext. Pool Rio Agriba Please indicate in ation D C B A Elevation 7/801 Jotal Depth 3251 part D County. Date Spudded. 2-7-57 Date Drilling Completed 9-16-57 D C B A Elevation 7/801 Jotal Depth 3251 part D C County. Date Spudded. 2-7-57 Date Drilling Completed 9-16-57 D C B A Elevation 7/801 Jotal Depth 3251 part D C C B A Elevation 7/801 Jotal Depth 3251 part D C C B A Elevation 3/3-3836 Depth 18 De							Formingion, (Place)	New Mexico	o Octo	er 29, (Dai	
County Date Spudded Section Proceedings Process	WE AR	F HER	EBY R	EQUESTI!	NG AN ALLOW	ABLE FOI	R A WELL KN	OWN AS:		,	,
Thereby certify that the information given above is true and complete to the best of my knowledge. I see the company of the process of the p		San Ju	ian Geo	Compore	ation Highsa	miili Fe e			in. WE	./4 SI	S
Rio Anviba Please indicate location: D C R A E F G R Open Hole Mone Casing shoe 3885 Patture Prod. Installing Completed Page 11 Page 11 Page 12 Page 12 Page 12 Page 13 Page 14 Pa								్రాలు చేసిన చేసి	O Dark		
Please indicate foration Company of Processing Part Part Part Processing Part		Leater	, Sec	/1 ,	, T22N, I	w	, NMPM.,	CityStLLII P	Co Laco	••••••••	Pool
Please indicate foration Company of Processing Part Part Part Processing Part	R	lo Arr	iba		County. Date S	pudded	9-7-57	Date Drillin	g Completed	9-16	-57
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E F G H Open Hole Nome Casing Shoe 3885 Depth Open Hole Nome Casing Shoe 3885 Depth Tubing Casing Shoe 3885 Depth Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke Indian Size Test After Acid or Fracture Treatment (after recovery of volume of choke Choke Indian I	D	C	B	A	_		Name ,	o: Prod. Form	110000		
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Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of choke Size 1570'5, 1025'E					Natural Prod. Te	est:	bbls.oil,	bbls water	in hr	s,mi	n. Size
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Tubing Casing and Cementing Record Sure Feet Sax Test After Acid or Fracture Treatment: 695 MCF/Day; Hours flowed Choke Size Method of Testing: Choke Size Method of Testing: Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 63,000 gul. vater & 60,000 materials used, such as acid, water, oil, and casing Tubing Date first new Press. oil run to tanks Gil Transporter Gas Transporter Gas Transporter I hereby certify that the information given above is true and complete to the best of my knowledge. Approved. NOV 3 1958 , 19. Sen Juan Gas Comporation (Company or Operator) OIL CONSERVATION COMMISSION By: OR G NAL SIGNED E. S. OBERLY Send Communications regarding well to:					GAS WELL TEST -						
Sure Feet Sax Test After Acid or Fracture Treatment: G95 MCF/Day; Hours flowed	1570)'E,]	L025'E		Natural Prod. Te	est:	MCF/D	ay; Hours flowed	Cho	ke Size	
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Remarks: Cil Transporter Gas Transporter El Paso Natural Gas Company OIL CON. COM. DIST 3 I hereby certify that the information given above is true and complete to the best of my knowledge. Approved. NOV 3 1958 19 Sen Juan Gas Comporation (Company or Operator) OIL CONSERVATION COMMISSION By: OR G NAL SIGNED E. S. OBERLY (Signature) Title Send Communications regarding well to:					Casing 974	Tubing Press.	Date first oil run to	new tanks	/ RLLL	YID	\
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By: Superviser Dist. # 2		OIL C	ONSER	VATION	COMMISSION		By:QR.G.N.	AL SIGNLU L	ature)		
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