NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

REQUEST FOR ///// - (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.

					Hosmfield, New Mexico October 12, 195 (Place) (Date)
			-		OR A WELL KNOWN AS:
	Petro.			tion J. Apache (Lease	
J				•	, NMPM., Undesignated Po
Pie	Aredh	a.		County. Date Spudded.	7-17-57 Date Drilling Completed 7-27-
	ease indi				Total Depth 39761 PBTD 39371
		В.	_	Top Gas Pay 2710	Name of Prod. Form. Pactured Cliffs
ם מ	C	В	•	PRODUCING INTERVAL -	
				Perforations 2010! -	29521 and 29621 - 29678
E	F	G.	H	Open Hole Kome	Depth Depth Casing Shoe 3976 Tubing 3734
				OIL WELL TEST -	
L	K	J	I		Cho bbls.oil,bbls water inhrs,min. Siz
		#5	,		cure Treatment (after recovery of volume of oil equal to volume
M	N	0	P		bbls.oil,bbls water inhrs,min. Size
		:			phis mare: In
	<u> </u>		لسنيا	GAS WELL TEST -	
16	T-25	T, P	<u>.jy</u>	Natural Prod. Test:	MCF/Day; Hours flowedChoke Size
bing ,C	Cesing an	d Cemen	ting Reco	rd Method of Testing (pitot	t, back pressure, etc.):
Size	F	cct	Sax	Test After Acid or Fract	ture Treatment: 57.690 GFFD MCF/Day; Hours flowed 25
				Choke SizeMeth	nod of Testing: Recertor
<u>.5/8*</u>	- -2	200	150	-	
1/2	39	761	375		nt (Give amounts of materials used, such as acid, water, oil, a
				Casing Tubing	
				Press. Press.	oil run to tanks
		1			
					a Natil Gas Company
marks:	· · · · · · · · · · · · · · · · · · · ·			**************************************	
			•••••••		12578
	•••••				1 % 3
I he	reby cert	tify that	t the info	ormation given above is tr	ue and complete to the best of my knowledge. 🔪 📆 😪
				6 1257 , 19	
					Company or Operator)
(OIL CO)NSER	VATION	COMMISSION	By: (Signature)
()	sinal S	igned	Emer	y C. Arnold	Mamaman.
				, —, ————	Send Communications regarding well to:
de	upe rvis c	or Di st.	#3		Amenada Patrolem Corporation
					Name
					Box E - Moonfield, New Maxico

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Proration Office State Land Office

U. S G S.

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