## 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 paia at 60° Fahrenheit.

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	•			., T26N, R3W	•	enecite Pic	turnd Clif	ifs Poo
Unit	Letter					-	*.	•
to A	rriba			County. Date Spudde	d 10/4/57	Date Drilling	g Completed	10/20/57
Please indicate location:				Elevation 7253	Total	Depth 6360	PBTD	6327
		1		Top Oil/Gas Pay 394	5 Name o	of Prod. Form.	Pictured C	liffs
D	C	В	990 A 1990	PRODUCING INTERVAL -		· ·	•	
- To	-	+	+	Perforations 3945	- 3997 Depth			<del></del>
E	F	G.	H	Open Hole	Casing	Shoe 5360	Depth Tubing	3988
+		+	+	OIL WELL TEST				
L	K	J	I	Natural Prod. Test:	• ,	1	•	
H	N	0	P	Test After Acid or Fra		. 1		Chake
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				Natural Prod. Test:	MCF/Da	y; Hours flowed	Choke	Size
abing ,	Casing	and Com	nting Recor	d Method of Testing (pit	ot, back pressure, etc	):		·.
Size	•	Feet	Sax	Test After Acid or Fra				
		1		T	*		•	
0-3/	4"	309	250	Choke Size 3/4" Me	thoo or lesting: Ha	CR Pressure		
4				Acid or Fracture Treat	ment (Give amounts of	materials used,	such as acid,	water, oil, and
7-5/	8"	1200	175	1	**			
5-1/	511	Tep	150	sand): 26.000 ga Casing Tubin	Date first	new		
<i></i>		4037	450	Press Press	• 1200 oil run to	tanks		- (The
/		ttom		Oil Transporter		<u> </u>		
5-1/	2"	5360	175	Gas Transporter #1	Pago Natural Gas	t Ca.		17[0
mark	. Ins	tal lad	intermi	Gas Transporter <u>Al</u> ttex 5/1/60.			J	N24
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I be	ereby c	ertify th	at the info	rmation given above is	true and complete to	the best of my l	inowledge. 📏	
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<b>p.000</b>				7		(Company o		1.01)
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tie		- 1 1 1 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	***********		Name Mebil	011 Company	Y	
								14 m.m.d. m.e.
					Address BOX	778, Farming	<b></b>	MPX1CO

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STATE OF NEW MEXICO