## 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 7:90 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.

				Farmington, New Mexico	June 10, 1960
'P AOF	UEDEBV I	PECTIFETI	NC AN ALLOWARIE EC	(Place) R A WELL KNOWN AS:	(Date)
	-			, Well No.5.LT-MV, in	WE WE
(C	ompany or O	perator)	(Lease)		7.17
A Undt L	Se	c20	, T. 26N , R. 3N	, NMPM., Blance Mesave	rde Pool
io Arr	iba		County. Date Spudded	10/4/57 Date Drilling (	Completed 10/20/57
Please indicate location:			Elevation 7253	Total Depth 6360	PBTD <b>6327</b>
Ια	C B		Top 044/Gas Pay 6093	Name of Prod. Form. Me	saverde
"		990 A 990	PRODUCING INTERVAL -		•
			Perforations 6093 -	5220	;
E	FG	H		Depth Casing Shoe 6360	Depth Tubing 6221
			OIL WELL TEST -		
L	K J	I		bbls_oil,bbls water in	Choke
		1. 1			
M	N O	P		e Treatment (after recovery of volume bls.oil,bbls water in	· · · · · · · · · · · · · · · · · · ·
1	· I			DDIS Water IN	nrs,min. Size
		لــــــــــــــــــــــــــــــــــــــ	GAS WELL TEST -		
			•	MCF/Day; Hours flowed	Choke Size
		menting Recor	d Method of Testing (pitot,	back pressure, etc.):	
Size	Feet	Sax	Test After Acid or Fracture	Treatment: 2426 MCF	/Day; Hours flowed 3
10-3/4	309	250	Choke Size 3/4 Method	of Testing: Back Pressure	.3
7 = /0	4200	1,45	Acid on Franchise Transferent	(Give amounts of materials used, su	ch as said water oil and
7-5/8	4200	175			
5-1/2	Tep	150	Casing Tubing	Date first new oil run to tanks	
	Betten	<del>                                     </del>	PressPress2	oil run to tanks	
5-1/2			Oil Transporter		
				Natural Gas Co.	
emarks:	TUECSTI	d Interm	itter 3/1/cu.	***************************************	VOII CO.
	*****************	****************	********************************	······································	OIL CON CON
*******	*************				0(\$7.3
I here	by certify t	hat the info	mation given above is true	and complete to the best of my kno	wledge.
proved		<del>- 17</del> - <u>2</u>	UN 2 - 130L 19 60	Socony Mabil Oil Com	pany, inc.
•				(Company or C	perator)
<b>O</b> 1	IL CONSE	RVATION	COMMISSION	By H. J. Dveracek	M.C. MKum
	ainal Sic	aned Eme	ry C. Arnold	(Signatu	re)
· Or	ginal 313	dim Dir		Title Prod. Engr.	> 14 S1
•1 <u>-</u>	Suparvisor	r Dist. # 3	·	Send Communications	regarding well to:
ue		· · · · · · · · · · · · · · · · ·		Name Mebil 011 Company	<b>7</b>
	• 5	<b>L</b> .		Address Box 778, Farming	ten. New Mexico

STATE OF NEW MEXICO

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