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NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWAPLE

4 MMOCC

1 File

1 Occidental

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 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 Next co-	
E ARE H	EREBY R	EQUESTI	NG AN ALLOWABLE FOR	A WELL KNOWN AS:	
				, Well No, in	NE
(Co	mpany or Op	erator)	(Lease)		
Unit Let	Sec.	6	, T26N, R5W	, NMPM.,	everde Pool
				Date Drilling	
	e indicate l		Elevation 6672		PBTD 7700
		1 .	Top Oil/Gas Pay 4966	Name of Prod. Form.	Messverds
D	C B	A	PRODUCING INTERVAL -		5000 5010
			Perforations 5/66_5/78	5490-5526, 5534-5564, 4	5028-5048 966-4970 4994-5010
E F	F G	H	Open Wele	Depth Casing Shoe	Depth Tubing
L	K J	I	OIL WELL TEST -		Choke
-		-		_bbls.oil,bbls water i	
	X			Treatment (after recovery of volu	Choke
M	N O	P	load oil used):bbl	s,oil,bbls water in	hrs,min. Size
			GAS WELL TEST -		
			Natural Prod. Test:	MCF/Day; Hours flowed	Choke Size
Mag Cod	FOOTAGE) ing and Com	nting Reco		ck pressure, etc.):	
Size	Feet	SAR		Treatment: 2876 AOF MC	
			7		
0 3/4	196.47	175	Choke Size 3/14 Method c	f Testing: One Point back	brotune
			Acid or Fracture Treatment (Sive amounts of materials used, s	uch as acid, water, oil, and
7 5/8	3476-95	200	sand): 250 gal sold, 1	30,000# 20-10 ed 231-10	O gel vater
5 1/2	4373.31	225	Casing Tubing	Date first new oil run to tanks	
9 4/2	4373431	220	-		CELLIA)
1 1/4	5557-44	į	Gil Transporter		/ KLULIYED /
	1000.00	<u> </u>	Gas Transporter		
marks:	***************************************	••••			APR 1 3 1962
······		••••••			(0)
				the season have of my be	DIST, 3
I herel	by certify the	at the inf	ormation given above is true a	nd complete to the best of my kr	m Corp
proved	APR 13	1962	p ril 10 , 19 62	(Company or	
				Original signed by	
0	IL CONSE	RVATION	N COMMISSION	By: (Signat	ure)
: <u>O</u> r	iginal Sig	ned by S	W. B. Smith	TitleConsultingEngines Send Communications	regarding well to:
					~ ~

Address

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