NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Wett 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.

			•		m, Nov Mexico	
		OHESTIN	IC AN ATTOMAPI	(Place) LE FOR A WELL KI	NOWN AS	(Date)
ARE H	County La	QUESTIN I nd C OMP	any Harvey-S	tate Well No.	11-36 in	M 1/4 M 1/4
/Com	STATE OF OTHER	ener)		(Lease)		
Timbs Latt	er					Poo
Rio	Arriba		County. Date Spu	dded 8-22-59	Date Drilling	Completed 9-10-59
	indicate lo		Elevation 0/	Tota	1 Depth	PBTD CASE
DI	3 B	A	Top Oil/Gas Pay	5025 Name	of Prod. Form.	
T.		-	PRODUCING INTERVAL		010 # 4060 63 0	
E I	P G	H		ets/ft 6025-64		Depth (
		"	Open Hole	Dept Casi	ng Shoe	Depth Tubing 6107
	7		OIL WELL TEST -			Choke
L	K J	I	Natural Prod. Test:	bbls.oil,	bbls water i	nhrs,min. Size
			Test After Acid or	Fracture Treatment (aft	ter recovery of volu	me of oil equal to volume o
M	N O	P	load oil used):	bbls,oil, 0	bbls water in	Choke hrs, min. Size
			GAS WELL TEST -			
			Natural Prod. Test	: MCF/	Day; Hours flowed _	Choke Size
ubing Cas	ing and Cemer	nting Recor		(pitot, back pressure, e		
Size	Feet	Sax		Fracture Treatment:	MC	F/Day; Hours flowed
10-3/4	315	325	7	Method of Testing:		
Sh	6174	525	Acid or Fracture T	reatment (Give amounts o	of materials used, s	uch as acid, water, oil, and
71	02/4		51,000	gal erude 50,00	of 20-40 St	80 balls
2-3/8	61.07		Casing ASO To	ubing Date firs	st new to tanks	
		·······	Qil Transporter	McMood Corp.		OFILE
			Gas Transporter	- 17 A &	les Company	OHILIATO
emarks:					•••••	Wron.
			***************************************		•••••••••••••••••••••••••••••••••••••••	0C17 1959
			***************************************			CON. CO
I herel	ov certify th	at the info	ormation given above	e is true and complete t	to the best of my kr	lowledge. DIST.
nproved		DC	T71989 , 1	9 Korn Gou		
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Origin	nal Signe	i Emery	C. Arnold	Tiele Con#	Signat Signat Regimen	ure)
Origin		i Emery	C. Arnold	Title Ser	Signat Signat Regimen	s regarding well to:

	OIL-CONSTRVATION COMMISSI AZZEO DISTRICT OFFICE			
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	Service Office			
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