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.

					Denver, Co	11-12-60		
				•	(Place)			Date)
					R A WELL KNO			
						.1 in	#	SW
	pany or Ope		251	(Lease)		Dd add		
Unit Lette	, Sec. ⊭		., Т	, R	, NMPM.,	Blati	••••••	Ро
Sen J	uen		County. Da	te Spudded	0-13-56	Date Drilling Co	mpleted 1	-29-56
	indicate le		Elevation	6691 13	Total D	Depth 5199	PBTD	9096
			Top Cil/Gas	Pay 50561	Name of	Prod. Form. C	allup Se	
D C	B	A	PRODUCING IN	TERVAL -				
			Perforations		/641 (GR Mans	A		
E F	, G	H			Danth	Shoe 5130	Depth On	- 1000
		1						
L K	J	I	OIL WELL TES	-Hogligio	le - see atta	ched form 0-1	TTO GOR SHEE	Choke
			Natural Prod	· Test:	bbls.oil,	bbls water in	hrs,	_min. Size
			Test After A	cid or Fracture	Treatment (after	recovery of volume	of oil equal t	o volume o
M	0	P	load oil use	d):bi	ols,oil,	bbls water in	hrs,min	• Size
			GAS WELL TES	г _				
				-	kQ /-		A	2/h
						; Hours flowed		
ubing ,Casii Sire	ng and Geme Feet	nting meco: Sax): Back Pro		
- T			Test After A	cid or Fracture	Treatment:	MCF/	Day; Hours flow	ed
10-3/4"	192	190	Choke Size	Method	of Testing:			
(Acid or Fract	ure Treatment	(Give amounts of m	aterials used, suc	h as acid, water	r, oil, and
5-1/2"	51.30	200	sand):			,	-	
			Casing	Tubing	Date first n			
			Press-	Press	oil run to t	anks		
			1	ter				
			Gas Transpor	ter I Post	Not'l Ges Pr	consts Co.		
emarks:	l Paso I	ins laid	a line to	CDR ASTT	and bran to	tert teking		
2	uture.	•••••		***************************************			PRILE	HAŁW.
		••••••			• • • • • • • • • • • • • • • • • • • •		JILUL	11.41
I hereby	certify th	at the info	rmation given	above is true	and complete to the	he best of my know	vedgeNOV1 (3 1960
-					Sun Of	L1. Company	1	I. COM
pproved				,		(Company or O	pertor) DIST	T. COM.
OII	CONSER	VATION	COMMISSIC	N	By: 9/3.	Namis	low	• 9 /
					. 0-	(Signature		The state of the s
Origin	nal Sign	ed Eme	y C. Arnol	7		aupt Over.		
,					Send (Communications r	egarding well to	o:
itleSupe	rvisor.Dist.	.#. 3	***************************************		NameJ.	B. Hemilton		
						D. Box 1798,	Dennyaya, Cal	oredo
					Address		MANUAL MAY 8 Freely	

STATE OF NE.Y MEXICO
O'L CONS. RVATION COMMISSIO.

E DISTRICT OFFICE

NUMBER OF COPES RECEIVED

D ST T N

SANTA FE
FILE
U.S.C.S.
LAPID OFFICE

TRANSPORTER
OIL
TRANSPORTER
OFFICE
OPERATOR