NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well

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.

| | | | | | | Salt L | ake City | 10 | 10-13-60 | |
|--|---|------------------------|-----------------|---|------------------|----------------------------------|---|------------------|---------------------------------------|--|
| | | | | | | (Place) | | | (Date) | |
| | G | ulf Of | 1 Corpo | ration 1 | Tah-nez bah | OR A WELL KI No. Well No. | NOWN AS: | , in NE | SE 1/4, | |
| I | (Compai | ny or Ope | rator) | | (Lease | :) | | | Pool | |
| - | Thum. | | | | | | | | | |
| San Juan | | | | County. | Date Spudded. | 6-23-57 | Date Drill | ling Completed | 7-5-57 5090 | |
| P | lease in | dicate lo | cation: | | | TotaName | | | | |
| D | C | В | A | | INTERVAL - | Name | of Prod. Form | . Gerrap | | |
| | 130 | - | | Perforation | ons 4938-494 | 48: 4952-4960 | | 15 | | |
| E | F | G | H | Open Hole | | Depti Casir | h ng Shoe 507 | Depth Tubing | 4937 | |
| L | K | J | ī | OIL WELL 1 | | · | | | Choke | |
| | | - | • | Natural P | rod. Testi | bbls.oil, | bbls wat | ter inhrs | ,min. Size | |
| y | N | 0 | P | | | ure Treatment (afte bbls₊oil, | | | Choke | |
| i | | İ | 1 1 | | | | DDIS Water | nrs, | min. Size | |
| | | 1 | | GAS WELL 1 | | | | | | |
| | | _ | | | rod. Test: | MCF/I | Day; Hours flow | wedChok | e Size | |
| olng , Sire | | and Gemen Feet | ting Record | | Testing (pitot, | , back pressure, et | to.): | enen flew | | |
| 3137 | | reet Sax | | Test After | r Acid or Fractu | ure Treatment: | 3275 CP | DCF/Day; Hour | s flowed | |
| -5/8 | | 312 | 325 | Choke Size | e Variabletho | od of Testing: 4 | -rate Back | DISSEUR | | |
| 1 | | A(" | 3.00 | Acid or Fr | racture Treatmen | t (G ive amounts of | materials use | d, such as acid, | , water, oil, and | |
| 1 | 13 | 067 | 125 | sand); Tr | reated w/500 | gal mud acid | d-frac w/2 | 4.000 gal e | 11. 24000# sa | |
| -3/8 | | 96G | | Casing | Tubing | Date first oil run to | new | | | |
| <u>07 0</u> | | 700 | | | porter | | | | | |
| | | | | 1 | | El Pase Nati | uval Gas C | ۵. | · · · · · · · · · · · · · · · · · · · | |
| marks | • | *Frac | thru esq | • Ods ITalisp | por ter | | | - | | |
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| | *********** | | •••••• | *************** | | | *************************************** | /R[] | TIVEN | |
| T be | | | · aha infan | | | e and complete to | the best of m | v knowledom - | | |
| n ne | i not | 1 7 196 | v me mroi | mraon Rive | 19 | Gulf O | il Corners | tion | 171960 | |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | هههما ۱۰۰ مه مطلبه ۱۰۰ | | •••••••••• | | ام | (Compan | y or Operator) C | ON. COM. | |
| • | OIL C | ONSER | VATION | COMMISS | SION | By: | iginal sign T. A. Traxi | gnature) | ST. 3 | |
| 0 | rigina | ıl Sign | ed Ema | | •• | | a Producti | | | |
| Original Signed Emery G. Arnold Supervisor Dist. # 3 | | | | | | I IMC | | tions regarding | well to: | |
| ,Э.й | ip eryis ç | r.v.istf | F. | *************************************** | | Name Gu | if Oil Cox | peration | | |
| , | | | | | | Address Pro | d. Dept. Be | x 1346, Sal | t Lake City, U | |

STATE OF NEW MEXICO

J. L. CONS.RVATION COMMISSION

AZT C. DISTRICT OFFICE

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D. STILLDUTTON

S. S. S.

D. OFFICE

ALSO ORDER

TOTAL OFFICE

TOTAL OF