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 7:00 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.

				(Place)	On, New Mexico		Date)	
E ARE H	EREBY R	EQUEST	ING AN ALLOWABLE Mudge #1 SF 0780	FOR A WELL	KNOWN AS:			
Shell	mpany or Op	erator)	Mudge #1 SF 0780	761	No34-17	in SM 1/4	SE 1/2	
	-		, T25N, R111	·	. Bisti		Poc	
Unit Lat	iter							
Sen Ju	12.11		Elevation KB 6402.					
Pleas	e indicate l	ocation:	Top Oil/Gas Pay 486					
D	C B	A			Name of Frod. Form.	Canala to p		
			PRODUCING INTERVAL -				• *	
E	FG	H	Perforations		Depth	Depth		
_ `	- -	-	Open Hole		Casing Shoe 5028	Tubing <u>785</u>	8	
- -	77 -	+	OIL WELL TEST -				Ch	
L	K J	I	Natural Prod. Test:	bbls.oil,	bbls water	in — hrs, —	Choke min. Size_	
			Test After Acid or Frac	ture Treatment	(after recovery of vo	lume of oil equal to	volume o	
M	N O	P	load oil used): 493	bbls,oil,	bbls water in	18 hrs,min.	Choke Size 25 /	
i	X		GAS WELL TEST -					
-	- - • • • • • • • • • • • • • • • • • •		Natural Prod. Test:		unt/David Navas Elavad	Challa Cia	_	
14 0	4	madana Pana						
Size	ing and Com Feet	SAX						
	 -		Test After Acid or Frac				ed	
8-5/8"	2021	130	Choke SizeMet	thod of Testing:	<u> </u>			
			Acid or Fracture Treatm	ent (G ive amount	ts of materials used,	such as acid, water	, oil, and	
4-1/2"	50181	150	sand):18,000 gal.					
o o /on	107.6		Casing Tubing	Date	first new	•		
2-3/8"	4818'	-	Oil Transporter	ell Pipeline	CORP.	4 CORNERS Pipe	elive	
						410000000000000000000000000000000000000	77110	
	- !		Gas Transporter					
emarks:				*****	***************************************			
		••••••			***************************************	••••••••••••••••••••••••••	\$ \\	
							િ	
I hereb	y certify th	at the inf	ormation given above is t	rue and comple	te to the best of my i	thowledge.	\$ 00 00 00 00 00 00 00 00 00 00 00 00 00	
proved			DEC 3 1957 , 19		Company o	or Operator)	~~~ (
				D	Original signed t		0	
			1 COMMISSION		··R.··S.··MacALISTER (Signa	ature)		
Origi	nai Sign	ed Emer	ry C. Arnoid	Title Di	vision Exploit	etion Engineer	·	
	i-a- Diel	· # 3	•••••••••••••••••••••••••••••••••••••••		Send Communication	ns regarding well to) :	
tle Sup	ervisor Dist	π ·	• • • • • • • • • • • • • • • • • • • •	 Name 10	1 South Behren	d		
				• • • • • • • • • • • • • • • • • • • •				
				Address 3	rmington, New J	Kexico		

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