NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

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.

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W'E AD	E HE	DERV DE	OUESTU	NG AN ALLOWABLE FO	\,	WN AS	Carem II	` '
_			_	R. Mims SF 07806				
		any or Ope		(Lease		<i></i> 1 Ap	, III	/4/4
K	<u> </u>	, Sec	14	, T. 25N , R 12W	, NMPM.,	Bis	ti	Poo
•	Letter				10 45 57	D-4- D-433		. 40 00 58
				County. Date Spudded Elevation KB 6350.				
F	Please i	indicate lo	cation:	Top Oil/Gas Pay 480				
D	C	В	A	PRODUCING INTERVAL - 48		11000 101111	·	HTM1
	<u> </u>			Perforations 4807-32.	4843-54. 4872-	81. 7888	-99 490/	4-21
E	F	G	H	Open Hole	Depth Casing	Shoe 501	9 Dep Tub	oth ping 4785
L	K]	I	OIL WELL TEST -				Choke
		"	+	Natural Prod. Test:	bbls.oil,	bbls wa	ter in	
	X			Test After-Acid or Fractu	re Treatment (after	recovery of	volume of oi	l equal to volume of
M	N	0	P	load oil used): 239	bbls.oil,75	bbls water	in 24 hrs,	Chokemin. Size
				GAS WELL TEST -		•		
	ļ		J		_			
				Natural Prod. Test:	MCF/Day	; Hours flow	vedC	hoke Size
	•		nting Recor	Method of Testing (pitot,	back pressure, etc.):	····	
Size	· 	Feet	Sax	Test After Acid or Fractu	re Treatment:	336	MCF/Day; H	ours flowed 2/
8-5	/8*	95	100	Choke Size 1 Metho	d of Testing: Cr	itical I	low Prove) <u>r</u>
				Acid or Fracture Treatmen	t (Cive employee of m	atoriale use	d such as a	cid. water, nil. and
4-1,	/2" 5	010	150	·				
2_3	/8= 4	776	_	sand): 50,000 gal. c Casing Tubing Press. Press.	Date first no	#/gal. 2	O=40 mesh	eand
	/ 1							
		1		Oil Transporter Four	Corners Pipe I	ine Co.	-10	
				Gas Transporter	,		_/KL	ULIYED \
emark	s:		·····	***************************************			- FE	D1 0
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							CIL	COM.
I h	ereby	certify tha	t the info	rmation given above is tru	e and complete to th	ne best of m	y knowledge	3 /
		•••••		1 0 1958 , 19		11 011 0	ompany	. T. Pressure T.
				······································		(Сотрал	y or Operator)
	OIL	CONSER	VATION	COMMISSION	By:	Original sig	PARD	
					·	(Si	ignature)	
y:	Ori	ginal Si	gned Li	mery C. Arnold	Title Exploi	tation E	ngineer	
Supervisor Dist. # 3)	Send Communications regarding well to:			
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					Address 101 S	. Behren	d, Farmir	ngton, N. M.

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