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.

					(Place)	Herr Year to	Ju	no 26, 1957
VE ARE	HEREBY I	REQUEST	ING AN ALI	LOWABLE FO	R A WELL KN	IOWN AS:	.*	(Date)
	molia Po	trolom	Coupley	Sanda Vell	Well No.	<u> </u>	in	1/4
	ompany or O	perator)	- SI	(Lease)	, NMPM.,	Under met	ad	, .
Valt 1								
	See Ju		County. I	Date Spudded	6-3-57	Date Drillin	g Completed	6-23-57
See Jum Please indicate location:		Elevation	676 E	Total	Depth 5000	PBTD	1009	
D	C B		Top Oil/Ga	s Pay 1583	Name	of Prod. Form.	Lour G	allup
		1	PRODUCING					
_			Perforation	ns 1883	4094			
E 1980	G	H			Depth Casin	a Shoe	Depth Tubing	1401
2340	*		•			9 0.00	rubing	
L	K J	I	OIL WELL TE					Choke
ł					bbls.oil,			min. Siże_
M	N O	P			Treatment (after		•	
••	. "	1 •	load oil u	sed): bb	ols,oil,	bbls water in	🦻 hrs, 👛	_min Size
			GAS WELL TE	<u>st</u> -				
bing Ga	sing and Cem	enting Reco	_		MCF/Da			Size
Size	Feet	Sax			pack pressure, etc			
					: Treatment:			
8 5/8	340	150	Choke Size	Method	of Testing:			
5 1/2	SOLO	150	Acid or Fra	cture Treatment	(Gi ve amounts of	materials used.	such as acid.	water, oil, and
				and the second s	المن محمرمد			
	***		Casing	Tubing	Date first oil run to	new &	-85-67	
	 		- 17658.	rress.	Magnolia Pe	tanks	Maria	-
			1			1		
	008	W/I						
marks:		W - W	API # 60	•	******************************			8
	•••••				***************************************			
	***************	••••••••			•••••	***************************************		
I herel	by certify the	at the info	rmation given	above is true	and complete to	the best of my k	nowlede.	9 7
proved		JNF	1 1957	, 19	1767, 180 , 36 , A		12.112.11	
		:			C. 2	Company or	r Operator	.0 D
OI	L CONSEI	RVATION	COMMISSIO	ON	By:			
Ωt «	einal Cian	ad Fma	rsy C. Asses	ો ત	This makes I a	(Signa Signa (Signa)		
Orig	inai Sigi	ica Dille	ry C. Arno	J. u	1 1110			
le Supe	Ivisor Diet	// 3				Communication	is tegatoing w	en w.
		***************	********************		Name	· Yes		
						. Box 21.05	- lichbe, li	ew Mex ee
					Address			

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