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PRODUCTION OFFICE	
OPERATOR	

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.

Carminington, New Mexico

5-12-63

(Place)

(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

W. L. DAYLESS Well No. 6, in 1/4 1/4,
(Company or Operator)
1 Sec 29, T 27N, R 1E, NMPM., Puerto Chilquito Pool
Unit Letter
io Arriba County. Date Spudded 4-30-63 Date Drilling Completed 5-10-63

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

Elevation 7208 Total Depth 1444 PBTD
1430

Top Oil/Gas Pay _____ Name of Prod. Form. _____

PRODUCING INTERVAL -

Perforations
Open Hole 707-1444 Depth 707 Depth 1420
Casing Shoe Tubing

OIL WELL TEST -

Natural Prod. Test: 29 bbls. oil, 0 bbls water in 24 hrs, - min. Size 2
Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of
load oil used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____
Choke

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: _____ MCF/Day; Hours flowed _____

Choke Size _____ Method of Testing: _____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): _____

Casing _____ Tubing _____ Date first new _____
Press. _____ Press. _____ oil run to tanks _____

Oil Transporter Last Side Catherine Co

Gas Transporter _____

Remarks:

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved MAY 15 1963, 19____

W. L. Dayless

(Company or Operator)

By: R. V. Bayle

(Signature)

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title Supervisor Dist. #3

Title

Send Communications regarding well to:
W. L. Dayless - Box 1541

Name Carminington, New Mexico

