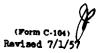
## NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico



## REQUEST FOR (OIL) - (CAS) 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.

YE ADE	UEDEBV D	FOURT	INC AN ALLOWARD	( <b>P</b> )	lace)		Septe	(Date)
			NG AN ALLOWABLE				O.E.	. 100.7
(C	yullwo	apany perator)	A. L. D	UII, V Lease)	Vell No	4 in	S.K1/	4
	Sec	19	, T26N, R	13w, NM	PM.,Bis	ti - Ext.		Pool
SanJ	uan		County. Date Spude	ded.August	21958 Dat	o Drilling G	mpleted Au	gust 15. 195
	se indicate		Elevation 652					
	<u> </u>		Top Oil					
D	CB	<b>A</b>	PRODUCING INTERVAL -					
E	F G		Perforations 531	8-24' with	four shots	per foot	- total	36 shots
	#14 G	H	Open Hole non	•	Depth Casing Shoe		Depth Tubing	5357
L	KJ	I	OIL WELL TEST -					
-		+	Natural Prod. Test:	bbls.o	il,b	bls water in	hrs,	Choke min. Size
			Test After Acid or F				-	<b>-</b>
M	N O	P	load oil used): 13				· ·	Chaka
			GAS WELL TEST -					
Secti	on 19-261	I-13W	_ Natural Prod. Test:_		MCF/Dav: Hou	rs flowed	Choke :	Size
bing Car	sing and Com	enting Reco						
Size	Feet	Sax	mounted of 10002119 (p					
D		<del></del>	Test After Acid or F:					
0-3/4"	214	250	Choke Size	Method of Testi	ng:			<del></del>
Q			Acid or Fracture Trea	tment (Give amo	ounts of materia	als used, suc	h as acid. w	vater, oil, and
5 <u>}</u> #	5431	200	sand): 20,000# s	-		•	-	
<b></b>		}	Casing Tubi	ing Da	te first new	a erude o		
2" BUE	5382	<del>                                     </del>						
			Oil Transporter	oranto Pip	eline Co.	Box 1666	<i>■</i>	
	- [	<del>}</del>	Gas Transporter					
marks:	*************************	*************	· · · · · · · · · · · · · · · · · · ·		**************	••••••	KLU	hi
	•=••••••	••••••				•••••••	SEPT	10 1958
	**************	•••••••	***************************************		••••••		<b>1</b>	
I here	by certify th	at the info	ormation given above is	true and com	plete to the bes	t of my know	wledge.	ST. 3
proved		<b>3E</b> P 1	0 1958 , 19	•••••	Skell (C	y 011 Con	party.	
Ω	I. CONSEI	RVATION	COMMISSION	R	<b>1</b> 0°	() P. F.		
				Бу		(Signature	:)	
	_		ery C. Arnold	Title	Distr	det Suna	dat and an	<u> </u>
				1146	Send Comm	nunications r	egarding we	il to:
tle	Super	visor Dist.	# <b>3</b>		SKELLY O	IL COMPAN	₹	
				Name.	Box 426	LE COMI AN	····	
				Addres	SFarmingto	naNowU.	<b>≥</b> ¥4. <i>pp</i>	
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