D.I	STRIBUTIO	N	
SANTA FE		7	T
FILE		-	1
U.S.G.S.			+
LAND OFFICE			+
	OIL		
TRANSPORTER	GAS		1
PRORATION OFFICE		$\overline{}$	+
OPERATOR			

NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe. New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWAPLE

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.

						Farmington,	New Mexico	1/23/63
1415 44						(Place)		(Date)
						OR A WELL KN		NC CC
roux	(Compai	h <i>eum</i> ny or Ope	rator)	27	(Leas	Well No	, in	NE 1/4 SE 1/4,
	. J	, Sec	27	., т. 29 1	, R. W	, NMPM.,	Boulder Manco	Pool
								mpleted 11/30/62
		dicate lo						PBTD 5454
	T	, 	T				of Prod. Form.	
D	C	В	A	PRODUCING I	NTERVAL -			
E	F	G	H	Perforation	5 <i>321-53</i> 6	3 5380-5386	5396-5402	5425-5431
			"	Open Hole	-0-	Casin	g Shoe <u>5454</u>	Depth Tubing 5400
L	K	J	I	OIL WELL TE	<u>sī</u> -			
	-			Natural Pro	d. Test: <u></u>	bbls.oil,	O bbls water in	Choke hrs,min. Size_
M	N -	0	P	Test After	Acid or Fractu	re Treatment (afte	r recovery of volume	of oil equal to volume of
						bbls.oil, 0	_bbls water in	rs, pum Choke Size
<u> </u>	L	<u> </u>		GAS WELL TE				
	(FOOT			_				Choke Size
Summe	•	and Gemen Feet	ting Record			back pressure, etc		
		$\overline{}$						Day; Hours flowed
9.5	/8"	120'		Choke Size	Metho	d of Testing:		
7"	4	4781	150	Acid or Frac	ture Treatmen	Give amounts of	materials used, such	n as acid, water, oil, and
	4	458'					new a	20 10/2
41	12" to	5459	Lines		Tubing Press		new January .	
		}		1			king Co., or M	Crooa Corp.
			·		ter			
Kemark	S:					***************************************	••••••••••	
	••••••		***************************************	••••	***************************************			JAMA
Ιh	ereby ce	rtify that	t the infor	mation given	above is true	and complete to	the best of my know	ledgeL
						Foutz & B		tion Co. Inc.
						101	(Company or Op	erator
				COMMISSIC		By:	(Signature)
Bv: O	riginal	Signe	d Emery	y C. Arnol	ld	Title Secre	tary-Treasurer	
	Superv	isor Dist	. # 3	***************************************	•••••••••••••••••••••••••••••••••••••••	_ Send	Communications re	
Title	•••••••	•••••••	••••••			Name	O Company Cons	truction (o., Inc.