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.

			•	Durange, Celerade	10/23/61 (Date)
ARE	HEREBY F	REQUESTI	ING AN ALLOWABLE	FOR A WELL KNOWN AS:	\
sony	Mob11 .01	1. Company	Inc. Box	1407 , Well No. 23-14	, in
K (C	ompany or O Se	perasor)	T. 281 R. IN	^{case)} , NMPM., Wadealgasta	Boulder Mencos Pool
Unit L	gitter .			ed 9/11/61 Date Detail	N
Please indicate location:			Elevation 7329 K	.B. Total Depth 4300	PBTD 38651
			·	Name of Prod. Form.	· · · · · · · · · · · · · · · · · · ·
D	CB	A	PRODUCING INTERVAL -		•
			Perforations 3732/	52' . 3760/70' . 377 8/79' .	pen hole
E	FG	H	Open Hole 3443-38	65 Depth Casing Shoe 3413	Depth Tubing 38511
			OIL WELL TEST -		
r	KJ	I	Natural Prod. Test:	bbls_oil,bbls_war	Choke ter inhrs,min. Size
	2		Test After Acid or Fr	acture Treatment (after recovery of	volume of oil equal to volume of
M	N O	P	load oil used): 160	bbls.oil, 0 bbls water	in 24 hrs, min. Size 20
			GAS WELL TEST -		
			Natural Prod. Test:	MCF/Day; Hours floo	wedChoke Size
bing Ca	sing and Co	menting Reco		tot, back pressure, etc.):	•
Size	Feet	Sax		acture Treatment:	
9-5/8" 123 100			,	lethod of Testing:	
<i>)-)</i> -		1		tment (Give amounts of materials use	ad such as acid, water, oil, and
7"	3433	175	sand): 1450 Bala		and desired watery only and
2° Th	g 38hl	Name	7.1.4		2/61
. 10	55 JUAN	+		rts & Bursum Construction	
			Gas Transporter	•	CALLY .
illat KS		***************************************			(I FIVED)
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I her	shu certify t	that the inf	ormation given above is	true and complete to the best of m	ny knowledge CT 25 1901
nonned	October	23 01	CT 2 5 196119	61 Memil Cil Co	wy knowledge)C1 Z3 COM.
, p. 0. 00			· V 	Compan	y or Operator)
C	IL CONSI	ERVATION	COMMISSION	By: P. M. Berry	mature /
y: <u>Ori</u> g	tinal Sign	ed.Eme	ry C. Arnold	Title Dist. Prod. Sur Send Communica	tions regarding well to:
itleSur	ervisor.Dis	Ŀ#. 3		Name P. M. Barry	
ists	MMOCC &				73 Pourage Calemade
	GWW 1 PGM 1		*	Address Pa Oa Best 33	(44. Navaulai Metarane

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OIL CONS. RVATION COMMISSION
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