NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

(Form C-104)
Ravised_3/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

Manadates Recompletion

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.

EL Pas	o Materia	1 Ges Con	Benia	Sam Juma 2	(Place) A WELL KNOV B-6 Well No	37, in	•	-
X	Se	20	, _T 28	, _R 6	, NMPM.,	Lemon Mess	Verde	Po
						TO-COLD T		
			L. County. D:	ate Spudded 6518 G		onto Drilling 5677	ERTO	3/16/00
Plea	ise indicate	location:			Name of			
Q	C B	A	T DNICKONG I					
E	F G	Н	Perforation	S	Depth Dasing S	s 6777	Septh.	
					Dasing S	hae 2011	Tubing)UVZ
L	K J	I	OIL WELL TE	·				Choke
_			Natural Fro	J. Test:	mbis.bil.	tbls water i	hrs,	min. Size
. 		-	Test After	Acid or Fracture	Treatment (after r	ecovery of volu	me of oil eq u	il to volume of
M	N O	P	load oil us	ed):bbl	s,oil,h	bls water in	hrs,	onoke orin. Size
٠			GAS WELL TE	<u>sı</u> -				
			- Natural Fro	a. Test:	MOF/Lay;	Hours flowed	Choke S	Size
ibing ,Ca	sing and Ger	menting Reco			ick pressure, etc.)	_		
Size	Feet	Sax			Treatment:			
		200	1		of Testing:			
10-5/	181	200	-					
7-5/8	3495	200	1		Give amounts of ma	ternals used, so	ich is acid, w	ater, oil, and
	1	105	sand):	Tubing	Date first ne			
-1/2	5677	125	Press.	Press.	oil run to ta			
1-1/4	5602	Prod. 1	Gil Transpor	rter				
	1	1			o Bataral de			
					e to facility	the the rem	eval of I	RIGS
from t	he will	bore. Re	et bearust	production i	2/22/60.	************		
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I here	by certify t	hat the info	ormation given	above is true a	nd complete to the	best of my kne	101	(VA)
proved						o Materal		Arn /
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			COMMISSIO	NC	By	O Y IA	ON COM	COM.
	Original S	signed by			K.C. Melk	ride (Signatu	DIST	
:	A. R. KE	NURICK			Title Process	ommunications		
			EER DIST. 1					

Address.....

