REQUEST FOR (OIL) - (GAS) 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.

				Farmington, New Mexico	o September 24, 1957 (Date)
WE ARE	HEREBY RI	EQUESTIN	NG AN ALLOWABLE FOR	A WELL KNOWN AS:	
		-			., in SE 1/4 NW 1/4,
	mpany or Op		(Lesse)	NACES C. Plan	no.
Unit L			., T49W, R7W	, NMPM.,	COPool
Rio Ar	riba	··· ·····	County. Date Spudded	8-3-57 Date Drill	ing Completed 9-2-57
Plea	se indicate l	ocation:			6840 xeexac.o. 6780
D	CB	A	Top 011/Gas Pay 6466'	Perf. Name of Prod. Form.	Mesa verde
		"	PRODUCING INTERVAL -		
E	F G	H	Perforations 6486-6502	; 6586-6602; 6612-662	2; 6655-6673; 6700-6732; Depth 6759-6771
	x d	"	Open Hole None	Casing Shoe 6835	Depth 6760 6759-6771
		+	OIL WELL TEST -		Choke
\mathbf{L}	K J	I	Natural Prod. Test:	bbls.oil,bbls wate	er inhrs,min. Size
			Test After Acid or Fracture	Treatment (after recovery of	volume of oil equal to volume of Choke
М	N O	P	load oil used):bb	ls.oil,bbls water i	n hrs, min. Size
			GAS WELL TEST -		
1650'N, 1600'W			Natural Prod. Test: MCF/Day; Hours flowed Choke Size		
Tubing ,Ca	sing and Ceme	nting Recor	d Method of Testing (pitot, h	ack pressure, etc.):	
Size	Feet	Sax	Test After Acid or Fracture	Treatment: 3494	MCF/Day; Hours flowed 3
10 3/4	161'	150	Choke Size 3/4" Method	of Testing: Calculated	A. O. F.
29 31 .			Asid on Exacture Treatment	(Give amounts of materials used	d, such as acid, water, oil, and
7 5/8	" 4605'	250			<u> </u>
	(Cor.)	500	Casing Tubing	Date first new	
5 1/2	" <u>6825'</u>	500		o Natural Gas Product	
2"	6760'			o Natural Gas Company	
Remarks:			Ods Transporter		10
Ciniai as					
	• • • • • • • • • • • • • • • • • • • •				0,33
I here	by certify th	at the info	rmation given above is true	and complete to the best of m	y knowledg
Approved	₹ E}	26 '95"	, 19	El Paso Natural G	as company.
			·	Original Signed D	. C. Johnston
0	IL CONSE	RVATION	COMMISSION	Dy:	gnature)
	مناها من	പർജികാഹം	ec C America	Title Petroleum Engi	-
By: Omginal Signed Emery C. Armold				Send Communications regarding well to:	
Γitle	(voetwisor i	st. : 3		Name E. S. Oberly	
				Address Box 937, Farm	nington, New Mexico