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NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWAFLE

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

New Well Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any competited 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.

					(Place)	leredo	Cortemb r 28, 1968 (Date)		
E ARE H	EREBY RI	EQUESTI	NG AN ALLO	WABLE FOI	R A WELL KN	OWN AS:			
_	^_			([Well No				
& (Con	Sec	23	T. 26%	, R. 18	, NMPM.,	Boulder %	noos.	Po	
Unit Lot	ter .				9/8/62				
	e indicate k		Elevation	2 720L	Total	Depth 3020	PBT	3612	
					Name				
D (C B	A	PRODUCING INT	TERVAL -					
			Perforations	3609/38	55 at inte	ermle			
E F	F G	H	Open Hole		Depth Casir	g Shoe 3612	Depth Tubing	3.02	
			OIL WELL TEST	<u>-</u>				Ch	
L I	K J	I	Natural Prod	. Test: 161	bbls.oil,	bbls water	in hr	s,min. Size	
			Test After A	cid or Fractur	e Treatment (afte	er recovery of vo	olume of oil e	equal to volume o	
M 1	N O	P	load oil used	d):b	bls.oil,	bbls water in	hrs,	min. Size	
			GAS WELL TEST	<u>r</u> -					
60 77.	I line &	2290'Fr	. Ralineprod	- . Test:	MCF/I	Day; Hours flowed	d Chol	ke Size	
	PUUTACE)				back pressure, et				
Size		_			e Treatment:				
9 5/8	123	125			cf Testing:				
	AES	167		Transfort	(Give amounts of	materials used,	such as acid	d, water, oil, ar	
<u>7° </u>	2865	150	sand):	ture freatment	(GIVE AMOGNES C.				
4 1/2"	1043	Facing r	Casing Press	Tubing	Date first oil run to Corporati	new 9/22/	/62	encu.	
	 		Gil Transport	Ter			The state of the s		
			Gas Transpor	ter					
narks:					******				
			•••••			•••••	/oir	CON COM	
								DIST. 3	
I hereb	by certify th	at the info	ormation given	above is true	and complete to	the best of my	knowledge.		
proved	SEP 2.7.1	362		, 19	Seecas, No.	DIA CAN COM	or Operator)		
					P. My	marin	•		
			COMMISSIC		By:[]	Sign	ature)		
()rigi	inal Signe	ed Emer	y C. Arnol	4	Title	ricat * value	••••		
			***************************************	****************	Sen	d Communication			
le Supe	rvisor Dist.	#.3			Name	Earry			
NMCC L	h Snee	1 <i>f</i> m	m 1 F1	io 1	Address. P.	0. Box 3371,	Durango	. Colomido	