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. Cas must be reported on 15.025 psia at 60° Fahrenheit.

//// 4				Aztec, New Mexico			December 16, 1957		
					(Place)			(Date)	
E ARE F	IEREBY R	EQUEST	ING AN ALLOV	VABLE FO	R A WELL KNO	OWN AS:	~		
Oles	n F Feati	erstone	•	Roberso	n Well No	<u></u> ,	in	1/4NE	1/4
(Co G	mpany or O _I	36	, T. 2711	(Lease) , R. 13W	, NMPM.,	1	Wildeat	•••••	Poo
San	.Man		County Date	Sauddad	11/5/57	Date Drillin	g Completed	11/28/57	
	se indicate		Elevation	5933 GL	Total [Depth 5159	PBTD		
					Name of				
D	C B	A	PRODUCING INTE	RVAL -					
FD	-	+	Perforations_		Depth		Depth		
E	F G	H	Open Hole		Casing	Shoe	Tubing		
			OIL WELL TEST	-				,	Choke
L	K J	I	Natural Prod.	Test:	bbls.oil,	bbls water	inhrs	min.	Size_
			Test After Ac	id or Fractu	re Treatment (after	recovery of vo	lume of oil e	qual to volu	me of
M	N O	P	load oil used	. <u>100</u>	obls, oil, none	_bbls water in	94 hrs, _	min- Size	16
			GAS WELL TEST	-					
9 8 0/N ₃	1980/E		Natural Prod.	Test:	MCF/Day	y; Hours flowed	Choke	e Size	
bing Car	ing and Ces	enting Reco			back pressure, etc.				
Size Feet Sax				re Treatment:					
9-5/8	202	175	-		d of Testing:				
7-7/0	202		-					water oil	and
51	5151	125			(Give amounts of m				
			sand): Sand	Tubing	Date first of the control of the con	new	G, ADOOG	÷	
			Press	Press	oil run to	tanks		47	
			Oil Transporte	FL.	Paso Natural (111	
	<u> </u>		Gas Transporte	er					+
marks:				•••••	and complete to 1			7 1951	
		••••••			************************	# & · · · · · · · · · · · · · · · · · ·	₩₩₩₩₩	Man L	••••
								64. 3	<i>j</i>
I here	by certify t	hat the inf	formation given a	above is true	e and complete to t	are dear or may		X5 1/	
proved		DEC	1 2 1957	, 19	***************************************		or Operator)		
O:	IL CONSE	RVATIO	N COMMISSIO	N	Ву: 9/0	ward p	Su key	····	
							sature) [/	Ope	~+ +
			y C. Arnold		Title Send	Communication	ons regarding		4.76.46
tle Supervisor Dist. # 3					Name Olen F Featherstone				
					Dog	well Petro		Rosmal	1.
					AddressRos	Merr Lerlo	TARR DINE	T. YAKBURT	

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