NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

(Form C-194: Revised 7/1/57

REQUEST FOR (ELL) - (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.

he Brit	Lab-Amer	ican 01	NG AN ALLOWABI 1 Pred. Company	, Wel		in SV 1/	4 111 1/4,
3	any or Oper	rator)	, T. 271 , R.	(Lease) 11W , NMPN	1., West Ru	ts Canyon	Pool
Unit Letter			0 . 5 . 6		Date Duilli	o Completed	5-30-60
San Jaan Please indicate location:			Elevation 6777	G.J.	Total Depth 6627		*****************
Please	indicate lo	cation:			Name of Prod. Form.		
DC	В	A	PRODUCING INTERVAL	-			
		H	Perforations	17-6438	Depth Depth	Depth	
F	G	ⁿ	Open Hole	920	Casing Shoe 6622	Tubing_	6393
	11		OIL WELL TEST -				
LK	J	I	Natural Prod. Test:	bbls.oil,	bbls water	in hrs,	Choke min. Size
			Test After Acid or	Fracture Treatment	(after recovery of vo	olume of oil equ	al to volume of Choke
M	0	P	load oil used):	bbls,oil,	bbls water in	hrs,	_min. Size
			GAS WELL TEST -				
			Natural Prod. Test:	4.150	_MCF/Day; Hours flowed	24_Choke	Size
ning ,Casin	g and Cemen	ting Recor			re, etc.): Back		*
Size	Feet	Sax	Test After Acid or	Fracture Treatment:		MCF/Day; Hours	flowed =
-5/8	275	175					
ļa	6619	300			nts of materials used,		
			sand): 40,000# 2	0/40 send wix	ed with 350# J-	96 and 400	of calcium c
-1/16*	6991		Casing Tu	bing 1780 Date	first new work to tanks 430	or in three	9 574695
			Oil Transporter				<u> </u>
			Gas Transporter		Gas Go.		
marke:			Ods 11 unoper un			<i>7</i>	<u> </u>
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provedM						Ota Pred	3
brosedun	43	·····	10	,LF121	nal Signicoppeny	or Operator	
OII	CONSER	VATION	COMMISSION	 By:	as A. Stone (Sign	•••••••••••	
		· ·					
Origin	al Signe	d Emer	ry C. Arnold	Title	ld Superintend	ms remading w	ell to:
	risor Dist.		v		Send Communication	MIS LERGICUME M	Cii Wi
ie . Superv		<u>//</u>		 Name			
					Seme		