NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

New Well

REQUEST FOR (OIL) - (GAS) ALLOWABLE

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 deliv-

Recompletion

a into t	he stock ta	nks. Gas mus	st be reported on 15.025	Farming to	n, New Mexico	12-24-59
				(Place)		(Date)
E ARE I	HEREBY	REQUESTI . Company	NG AN ALLOWABLE Sants	Pe , Well No	NOWN AS: G #1, in.	ne ¼ sw ¼
(Company or Openson)		/1.	1944			
E E	, Se	ec?	, T, R	NMPM.,	omrant Sus e.	P00
San	Juan		County. Date Spudde	l	Data Drilling (Completed 11=16-59
			Elevation 610	. Tota	1 Depth 5965	PBTD 5922
Please indicate location:		Top Oil/Gas Pay 582	24 Name	of Prod. Form.		
D	C E	A				
			PRODUCING INTERVAL -		5400 5000	•
_	- -		Perforations 582	4-5840 Dept	5892-5900	Dooth
E	F G	H	Open Hole Kone	Dept Casi	n ng Shoe 5963	Depth 5900 Tubing 5900
			OIL WELL TEST -			
	K J	I				Choke
	x			,		n hrs, min. Size
			Test After Acid or Fra	acture Treatment (aft	er recovery of volum	me of oil equal to volume of
М	N C	P	load oil used): 84	bbls.oil,	bbls water in	24 hrs,min. Size_32/
			GAS WELL TEST -			
	<u> </u>				/s	Obala Oi-
· ····						Choke Size
•		menting Reco				
Size	Fret	Sax	Test After Acid or Fra	acture Treatment:	MC:	F/Day; Hours flowed
5/8	216	200	Choke SizeMe	ethod of Testing:		
-)/0	210	- 200				and a set of and
51	5963	250	Acid or Fracture Treat	ment (Give amounts o	f materials used, so	uch as acid, water, oil, and
			sand): 19,400 gal	Oll I7,000# 80	- reiree To	760 gal oil 18000# i
-3/8	5900		Casing 710 Tubir	oil run t	o tanks 12-22-5	2cccu
			Oil Transporter	eWood Corp.		RILIVED
			Gas Transporter		7	TIN LINE
marks:						DEC 2.9 1959
marks:		••••••			1	LLCON COM
. 			******		*	DIST. 3
				•••••		
I here	by certify	that the infe	ormation given above is	true and complete t	o the best of my kn	owledge
proved		950	, 19	Raymond	OIT COMPANY	***************************************
					(Company or	Operator)
0	IL CONS	ERVATION	COMMISSION	Ву:		
J					(Signati	nte)
. Oi	reine.	ELE ELK	ery C. Amold	Title Consu	lting Engineer	
itle Superviso				Ser	d Communications	regarding well to:
le		## Des 2/18	97 (- 15, 4 1)	Ray	mond Oil Compa	any
				117	O Petroleum C.	THO DICE.
				AddressDer	war 2. Colora	do

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