NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well Recomplecion

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.

				(Place	e)		MOVEMO	(Date)
			NG AN ALLOWABL pany Flor				NW .	. SW ./
/Con	Ar One	PRIOR)	(Lease)				
I.	Sec	30	, T. 28N , R	8w , nmpi	M., Blance	2	••••••	Pool
San Juar	n .		County. Date Spud	7-30-5	7 Date	Drilling C	cupleted	9-9-57
	indicate lo		Elevation 5854	<u> </u>	_Total Depth	4510'	MEKNÇ.	0. 45891
			Top Oil/Gas Pay 43	42'(Perf.)	_Name of Prod.	Form. Me	sa Verde	
D	B	A	Perforations	4342-4355;	4366-4396	; 4406-4 • k5k8-k	414; 4460 1564: 4572)-4470; 2-4580
E 1	P G	H	Perforations Open Hole None	414-47007	Depth Casing Shoe	4605	Depth Tubing	4460'
			OIL WELL TEST -					Choke
	K J	I	Natural Prod. Test:	bbls.oil	,bb	ls water in	hrs,_	
X M	N 0	P	Test After Acid or I					Choke
		-	load oil used):	bbls,oil,	bbls w	ater in	hrs,	min. Size
1750'8,	990 W		GAS WELL TEST -					
			Natural Prod. Test:		_MCF/Day; Hour	s flowed	Choke S	5ize
	ing and Geme	_						
Size	Feet	SAX	Test After Acid or					flowed
0 3/4"	162'	200	Choke Size 3/4"	Method of Testing	Calculat	ed A. U.	. F.	
7 5/8"	29961	250	Acid or Fracture Tre					rater, oil, and
5 1/2"	2365'	300	sand): 81,000 gs Casing Tub Press Pre	1. vater and	60,000# a first new	and.		
•								ASSESS OF THE PARTY OF THE PART
2" 1 1/4"	4460' 2179'		Gas Transporter K				MONTH OF THE PARTY	ON THE
				Z 1000 Maria			1	MEDITAL !
	ker Model		Packer at 2313';					
				44				il com o
I hereb	y certify th	at the info	rmation given above	is true and comp	lete to the best	of my kno	owledge. 🛝	DIST. 3
proved			NOV 29 1957 , 19		(C	ompany or (Operator)	A STATE OF THE PERSON NAMED IN COLUMN 1
O.T.	I CONSER	3/ATTON	COMMISSION	Bv∙ (Original Sig	ned D. C	. Johnstor	1
						(Signatu	re)	
Orig	inal Sign	led Eme	ry C. Arnold	Title	etroleum E Send Comm	ngineer	regarding we	ell to:
	rvisor Dist.				E. S. Ober			
				A delener	Box 997,	Farming	ton, New !	Mexico

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