NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well

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)			(Date)
					LOWABLE FO				an.	2194
E1 P	aso Nat	tural	Gas Com	pany	Warre (Leuc)	n, Wel	ll No4	(PM) in.	SE	.1/4 NE 1/4,
H	(Company	or Oper	14	- 28N	D W	NIMON	.a .iB	lanco (MV)	1	Pool
Unit	Letter									
San .	Juan	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		County. I	Date Spudded	4-16-5	<u>7.</u> r	ate Drilling (Completed	7-10-57
P	lease indi			Elevation	608 1 G _{as Pay} 4642 (_Total Dep	th <u>4927</u>	COCRECK	cc. 0. 4320'
D	С	В	A	PRODUCING	INTERVAL -4642	2-4672. 4				
E	F	G	H	Perforatio	ons <u>460</u> Non e	00-4810				
			K	OIL WELL I		والمواد	_01.02119 1317			
L	K	J	I							Choke ,min. Size_ qual to volume of
M	N	0	P							Choke min. Size
				GAS WELL T	<u> EST</u> -					
1700N	, 10901	E		Natural Pr	rod. Test:		_MCF/Day;	Hours flowed _	Chok	e Size
Zubing ,	•	d Cemen	ting Record							s flowed
1.0 3,	/4 1	.62	150		e 3/4 Method					
7 5,	/8 26	507	2 50	Acid or Fr	racture Treatment 62, 66ට gal.	(Give amount water,	nts of mate 60,0 0 0#	erials used, su	uch as acid	, water, oil, and
51,		848	30 0	Casing Press	Tubing D Press. 1	.048 oil	first new run to tan	ks		
2		755	~~~~	Oil Transp	oorter					
1 1,		73	** ** ** **		porter El Pa					j
Remarks	5 :									
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			1				lete to the	hest of my kn	owledge.	,
I h	ereby cer	tify tha	t the infor	mation give	en above is true	e and comp E	l Pasc	Natural Ga	s Compan	y
Approve							Original	/ Country or	Operator,	ston
				COMMISS		Ву:		(Signatuum Enginee	nte)	[27 <u>] </u>
'				C. Arn		Title		mmunications		well to:
Title	upervisor	Dist. j	' 3	······································	***************************************	Name	E. J.			
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