NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe. New Mexico

(Form C-104) (Revised 7/1/52)

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 oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

					Farmington, New Mexi	(Date)
ARE	HERE	BY REG	QUESTIN	G AN ALLOWABLE F	OR A WELL KNOWN AS:	
				Sen Juan 29-6 (Leas	, Well No	, in
Unit 1	•	or Opera , Sec			•	less Verde Poo
		.		County Date Spudded	2-13-57 Date C	ompleted3-27-57
		icate loc			•	. 3 -1 51
D	С	В	Α	Elevation 6737	Total Depth59	SO , P.B
E	F	G	н		· ·	Prod. Form. Mess. Verds
- 1	i			Casing Perforation	5340 - 5962	oı
L.	K	J	1	Depth to Casing sh	oe of Prod. String	
		<u> </u>		Natural Prod. Test		BOPD
M	X X	O	P			HrsMins
790	FSL,	1650 I	NE.	Test after acid or s	hot	BOPD
	• • • • • • • • • • • • • • • • • • • •		g Record			
Size		eet .	Sax			HrsMins
10 3	3/ ‡ 2	14.83	200	Gas Well Potentia	18,406 Nef/d	CAOF
7 5/8	3 3	<i>8</i> 61	200	Size choke in inch	es	Service Control of the Control of th
5 2	5	985	150	Date first oil run to	o tanks or gas to Transmission s	
2	5	954		Transporter taking	Oil or Gas:	63
	<u> </u>					1 2 2 0
emarks:	Frac	5340	to 5962	with water only u	se rubber balls to sel	ect sonle.
I he	reby ce	rtify tha	t the infor	mation given above is t	rue and complete to the best of	my knowledge.
			•	MAY 28 1957 _{, 19}	Pacific Morthwest (Comp	Pipeline Corporation any or Operator)
OIL CONSERVATION COMMISSION					By: Original signed	by G. H. Peppin
						(Signature)
':i.	ئىنىدىگەت.	<u>'</u>	4	All China	Title District Programmer Send Communication	cations regarding well to:
tleP	TROL	EUM E	MGINEE	R DIST. NO. 3	 Name	
					Address	
					AUUI ESS	***************************************

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	Operator	MO.	
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	Proration Office		
	State Land Office	-	
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