DISTRIBUTION

SANTA FE

FILE

U.S.G.S.

LAND OFFICE

TRANSPORTER

GAS

PRORATION OFFICE

OPERATOR

Santa Fe, New Mexico

Revised 7/1/57

REQUEST FOR (OHG) - (GAS) ALLOWAPLE

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

ORKOV		ck tanks	. Gas must	be reported on			o,Colora	.do	Vay	14,19 (Date)	64
A'E ADI	e HEBE	RY RE	OUESTIN	NG AN ALLOW	ABLE FOR	A WELL	KNOWN A	S:			
Black		kNi.oh	ols Co.	Northeast					NE	4SW	1/4,
	K	, Sec	20	, т30ж,	R7V	, NMPM.,	B1	anco.Mes	averda		Pool
tinij 	Letter	12-		County. Date	c_ 11.1		Date	recomple	ted	May 1.	1964
				Elevation	Spuaaea 64091	To	otal Depth	56901	PBTD	56751	
P	lease ind	licate lo	cation:	Elevation 64091 Total Depth 56901 PBTD 56751 Top com/Gas Pay 51401 Name of Prod. Form. Mosaverde							
D	C	В	A	PRODUCING INTER	RVAL -	•					
E	F	G	H	Perforations	51401	- 56 54 De	two holes	per foc	Depth		
	•			Open HoleOIL WELL TEST -		C	sing Shoe	56881	Tubing_	55901	
1700'		J	I	Natural Prod.	Test:						
M	25001 N	0	P	Test After Acid						Lnoi	t e
		<u></u>		GAS WELL TEST			<i>(</i> 2	61 1	Ch alia	Si	
	(F00T)	AGE)									
_	•		nting Recor								
Size	·	Feet	SAX	Test After Aci							
10-3/	4	196	200	Choke Size	Method	cf Testing:_	Well	hot re	potentia	led	
7"		102	500	Acid or Fractu	re Treatment	(Give amount:	s of materia	ls used, suc	h as acid,	water, oil	, and
4-1/	/2 5	690	245	Casing Press.	Tubing Press.	Date f	irst new n to tanks			PEIL	-
1-1/		070	ETJ	Oil Transporte					$-/\rho$	LLTIV	44
	į.			Gas Transporte				ompany.			
Demark		Top of	f tubing	perforation	s 55301		•••••		[М.	AY 1-3-19	964
Keman .	L			******					\. 494L	-SON: C	TOM:
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Approv	edM	дұ1.8	1964		, 19		Blac (C Drigina Signe	kwood	Hichols perator)	···Compan	,
	OIL C	CONSEI	RVATION	COMMISSION	4	Ву:	Delesso Lo	Signatur	Dela e)	8 8 0L001	······-
By:Original Signed Emery C. Arnold						Title					
Title Supervisor Dist. # 3						Name Blackwood & Michols Company					
	~~ ~ ~~~~					Address.P	O. Box	1237. Duz	ango, C	olorado	<u></u>