

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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.

Denver, Colorado

12-9-54

(Place)

(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

THE BAY PETROLEUM CORPORATION-Callow-Ped., Well No. 1, in NE 1/4, SE 1/4,

(Company or Operator)

(Lease)

I, Sec. 27, T. 29N, R. 13W, NMPM., West Kutz Pool

(Unit)

San Juan

County. Date Spudded 12-12-51, Date Completed 3-5-52

Please indicate location:

	27		
			*

Elevation 5706 Total Depth 1560, P.B.

Top oil/gas pay 1498 Top of Prod. Form 1498

Casing Perforations: or

Depth to Casing shoe of Prod. String 1500

Natural Prod. Test BOPD

based on bbls. Oil in Hrs. Mins.

Test after acid or shot BOPD

Based on bbls. Oil in Hrs. Mins.

Gas Well Potential 340 MCF

Size choke in inches 2

Date first oil run to tanks or gas to Transmission system: 11-53

Transporter taking Oil or Gas: El Paso Natural Gas

Casing and Cementing Record

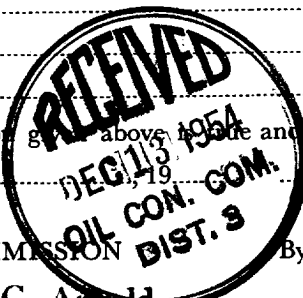
Size Feet Sax

8-5/8	101	100
5-1/2	1500	100

Remarks:

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved DEC 22 1954



THE BAY PETROLEUM CORPORATION

(Company or Operator)

OIL CONSERVATION COMMISSION

Original Signed Emery C. Arnold

By: Pat Lay (Signature) Dist. Supt.

By:

Title

Title Oil and Gas Inspector Dist. #3.

Send Communications regarding well to:

Name Pat Lay

Address Box 957, Denver, Colorado

OIL CONSERVATION COMMISSION

AZTEC DISTRICT OFFICE

No. Copies Received 4

DISTRIBUTION

	NO. FURNISHED	
Operator	<u>1</u>	
Santa Fe	<u>1</u>	
Albuquerque	<u>1</u>	
Transp. Div.		
File	<u>1</u>	<input checked="" type="checkbox"/>