NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS)xALLOWABLE

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

النبي ،			NG AN ALLOWABLE FOR A WELL KNOWN AS: Company Navajo Tribe of Indians "L" , Well No
Unit Let	, Sec		, T. 29N , R. 14-W , NMPM , Ojo Gallup Poo
URIT LAN	San Juan		Dete Well completed 10-30-60 County Date Spudded 9-26-60 Date Drilling Completed 10-30-60
Diagra	e indicate lo		Elevation 5669 DF Total Depth 5367 PBTD 5325
ricasi			Top Oil/Gas Pay 5268 Name of Frod. Form. Gallup
ם ן ס	C B	A	PRODUCING INTERVAL -
			Perforations 5268 - 5273
S 1	F G	H	Depth Depth Open Hole — Casing Shoe 5364 Tubing 5278
			OIL WELL TEST -
L	K J	I	Choke Natural Prod. Test:bbls.oil,bbls water inhrs,min. Size
]		Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of
M :	N O	P	Choke load oil used): 197 bbls,oil, — bbls water in 18 hrs, — min. Size 21/2
			GAS WELL TEST -
1980*	fr NL -	18 30 ' f	
	ing and Ceme	nting Reco	
ong ,cas Sire	Feet	SAX	Test After Acid or Fracture Treatment: MCF/Day; Hours flowed
			Choke Size Method of Testing:
7-5/8	196	140	
$4\frac{1}{2}$	5353	175	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and
2	5267		sand): 14442 gals lse oil 11,000# send
۷.	5267	-	Casing Tubing Date first new Press. 175 Press. 150 oil run to tanks 10.26 60
			Oil Transporter McWood Corporation
			Gas Transporter none
marks.			00133
***************************************			1 00 001.3
			OU COTI.
		at the inf	formation given above is true and complete to the best of my knowledge.
I hand	hu carrifu sh	THE PART AND	Unwhile Off 2 D. C
			19 Audiote Utt. & Relining Company
	by certify th OCT 3.1.196		Humble Oil & Refining Company or Operator)
proved	OCT 3 1 196	0	COMMISSION By morpland
proved O	OCT. 3.1.196	0 RVATIO	N COMMISSION By: (Signature)
proved O	OCT. 3.1.196	0 RVATIO	N COMMISSION By: (Signature) Tiple Accept
oproved O	OCT 3.1 196 IL CONSE	0 RVATION	N COMMISSION By: (Signature)
oproved O	OCT. 3.1.196	0 RVATION	N COMMISSION By: (Signature) (Signature)
oproved O v: Origi	OCT 3.1 196 IL CONSE	0 RVATION	Title Agent Send Communications regarding well to:

FILE U.S.G.S. LAND OFFICE OIL GAS TRANSPORTER PROKATION OFFICE

€ 1

r: • •