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NEW MEXICA OF CONTRIVATION COMMISSION

RED) EST SOL (OVI.) - (ESS) AL

PAPLE

7/1/57 bestva.

(Form C-104)

New Well

This form shall be submitted by the concerns become an ent at allowante wall be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADKUFLICATE to the came District Office to which Form C-101 was sent. The allowable will be assigned effective [2,42] A.M. on these of a majority or recompletion, provided this form is filed during calendar month of completion or recompletion. The consistence of a shall be that dotte in the case of an oil well when new oil is delivered.

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		•	MG AN ALL						
	ofl and opposed or Op		PARTY	Alternative Control		No. 27 ≠	9 , in.	8	/41/4,
<u> </u>	Sec		т. 23#			Total	Callup	•••••	Pool
uali lati Ban			Former 1 to 2	المستحقية بهادا	5/20/61	Deta	Defiling (iompleted	5/28/61
	indicate l			5348 Q.					
			Top Cit/Tas	473	N	ame of Prod.	Form.	Gallup	
ן ע	B	A. 1	PRODUCIAL I	MICH VAL					
7		70	Per ^c ora lora	5104 -	5116 vite	6 shots	per foo	<u> </u>	····
E	r G	H	Open Hole	SAMELYAPA MILINE, LE ES LE 19950	e Commence	epth as no Shoe	5199	Depth Tubing	5119
	OIL WELL TES								
L K J I		Natura: Pro:	1, 1051.	bola.oil,	bb	ls water in	hrs,	Choke min. Size	
X		Test After Acid or Erichary Treatment (after recovery of volume of oil equal to volume of							
M	1 0	Р	load oil use	ed): 101):	oris,oil <u>O</u>	bbls w	ater in	hrs, _	Choke go/ _min. Size
			GAS WELL 178						
/ =	OOTAGE)		_ Natural Frod	s. Test:) (2) 13) waters, kingan jaki wision di qirimisa i	Cf/Day; Hour	s flowed	Choke	Si ze
ting ,Casi	ng and Ceme	nting Reco	rd Method of Is	esting (pito ,	pack passure	, etc.):			
Size	Feet	SAR	Test After /	Acid on Arabbu	ra Treatment:		MC i	Day; Hours	flowed
5/8	199	325	Cheke Size_	'Me thick	J of Testing:_	****	<u></u>	'->	
1/2	5199	400	reld or Frac	ture Inestment	(Give amounts	of materia	ls used, su	ch as acid,	water, oil, and
2 3/8	5119		***************************************	Tubing Fress					
- 47								/oF	TIM
				ter Four 6	_		N+9	7 KH	41410/
marks:			- Gas transpor					JUN	1-2-1061
			***********					\ <u>.</u>	130[
								1	C. S. S.
I hereby	y certify th	at the info	ormation given	above is true	and complet	e to the best	of my kne	owledge.	The second second
			**********		Astec	oll and	ompany or	FAILY.	
					OR	IGINAL SIGI	NED BY IO	E C. SALMO	4
OII	L CONSE	RVATION	COMMISSIO	NC	By)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Signatu	re) Joe (. Salmon
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