NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

REQUEST FOR (GAS) ALLOWABLE

New Well

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. Cas must be reported on 15.025 psia at 60° Fahrenheit.

			Farmington, New Mexico (Place)					5/14/63 (Date)	
		-	NG AN ALLOWABI				SE 1/	4SW 1/4	
(C	ompany or Op	crator)		(Lease)				• -	
Eindt L	N, Sec.	7	T. 29 M , R.	10 W , NM	PM.,	asin Dak	ota	Роо	
			County. Date Spu	dded 4/8/6) Date	Drilling (completed	4/25/6:	
Please indicate location:			Elevation 566	• •					
		T : 1	Top Oil/Gas Pay	6406	Name of Prod.	Form.	Dakota		
D	C B	A	PRODUCING INTERVAL	-			•		
			Perforations	6459 -8 5 w/2	JPF. 6406-1	6 w/AJPF	!		
E	F G.	H	Open Hole		Depth Casing Shoe		Depth Tubing	65121	
	•		OIL WELL TEST -				ruər.ng	<u></u>	
L	K J	I						Choke	
			Natural Prod. Test:		•				
М	N O	P	Test After Acid or			-	· ·	Chake	
	x		load oil used):	bbls,oil,	bbls w	vater in	hrs,	_min. Size	
		<u></u>	GAS WELL TEST -						
_800/8	1840/W		- Natural Prod. Test:		MCF/Day; Hour	s flowed	Choke	Size	
Tubing ,Ca	sing and Ceme	nting Recor	Method of Testing (pitot, back pres	sure, etc.):				
Size Feet Sax			Test After Acid or	Fracture Treatme	nt: 2,790	9 MCI	/Day; Hours	flowed 3	
10 3/4"	216*	150	Choke Size 3/4"	_Method of Testi	ng: Choke				
	+		-						
4 1/2"	66191	1275	Acid or Fracture Tr					vater, oll, and	
			sand): 90,000# Casing Tu	bing Da	2 72,500 ga. te first new	18. Geil	ed wir.		
			Casing Tu Press. 998 Pr		l run to tanks				
198 11	s. lån ti	g. 0 65	Oil Transporter			 			
-			Gas Transporter	El Paso Nati	ral Gas Co	mpany			
Remarks:		•			•••••		COFFI	EN	
			***************************************				RLULI	A TD/	
					•		1.61/1 5	1063	
I here	by certify th	at the info	rmation given above	is true and com	plete to the best	t of my k	wieges	1303	
Approved		1963	, 19						
					Original sign	ompany or (led by	perator DIS	1. =	
0	IL CONSER	RVATION	COMMISSION	By:	Carl W. Smit	h			
			C 1		Esmand w	(Signatu	IC)		
y: Orisi	inal Signe	d Emer	y C. Arnold	Title	Title Superintendent Send Communications regarding well to:				
itleSup	ervisor Dist	#.3	· · · · · · · · · · · · · · · · · · ·						
		<i>11</i> ··•		Name.	Southwest				
				Addres	34 Petr.	Club Pl	aza, Fara	nington, M.	

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