## NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

(Form C-104) [Revised 7/1/52)

## REQUEST FOR (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.

|             |           |         |                                         |                                                                                                                | Durange, Colora           | de Decemi                               | (Date)                         |
|-------------|-----------|---------|-----------------------------------------|----------------------------------------------------------------------------------------------------------------|---------------------------|-----------------------------------------|--------------------------------|
| E ARE       | HERE      | BY RE   | QUESTING                                | AN ALLOWABLE F                                                                                                 | OR A WELL KNOWN           | I AS:                                   | (Date)                         |
| gkwoe       | d A M     | lohols  | Company                                 |                                                                                                                | Unit, Well No. 11-2       |                                         |                                |
| ( (         | Company   | or Oper | ator)                                   | (Leas                                                                                                          | e)                        |                                         | ,                              |
| Unit        | Letter    |         |                                         |                                                                                                                | , NMPM.,                  |                                         |                                |
| <b>R</b> 1  | le Art    | Lba     | *************************************** | .County. Date Spudded.                                                                                         | , I                       | <b>Recompleted</b> Date <b>Rosspans</b> | 11-28-56                       |
|             | ease indi |         |                                         |                                                                                                                |                           | -                                       |                                |
| D           | С         | В       | A<br>1550*                              | Elevation 6297                                                                                                 | (DF) Total Depth          | <b>5681</b> , i                         | P.B <b>5570</b>                |
| E           | F         | G       | x H<br>7901                             |                                                                                                                | .51801 Name               |                                         |                                |
|             |           | ļ       |                                         | Casing Perforations                                                                                            | 5180!=5564!, at.y         | arions interv                           | als, 2 holes per               |
| L           | K         | J       | 1                                       | Depth to Casing she                                                                                            | oe of Prod. String5       | IAner 4935*                             | - 55881                        |
|             |           |         |                                         |                                                                                                                |                           |                                         |                                |
| M           | N         | O       | P                                       | Natural Prod. Test.                                                                                            |                           |                                         | BOPD                           |
|             |           |         |                                         | based on                                                                                                       | bbls. Oil in              | Hrs                                     | Mins.                          |
|             |           |         |                                         | T                                                                                                              |                           |                                         | nonn.                          |
|             | ng and O  |         |                                         | lest after acid or si                                                                                          | not                       | *************************************** | ВОРД                           |
| Size        | -         | ret     | Sax                                     | Based on                                                                                                       | bbls. Oil in              | Hrs                                     | Mins.                          |
|             |           |         |                                         | Gas Well Potential                                                                                             | 2425 MCF per day          | (Calculated a)                          | heolwte)                       |
| LO-3/4      | 20        | 09      | 200                                     |                                                                                                                |                           | •                                       | ·                              |
| 78          | 52        | <0      | 500                                     | Size choke in inche                                                                                            | s 3/4*                    | •••••                                   | •••••••••••••••••••••••••••••• |
| 54"         | - 20      | ~       |                                         | nafter recemp                                                                                                  | letion<br>gas to Transmis | sion system: Decay                      | mher 7, 1946                   |
| Lines       | - 6       | 53      | 225                                     | Date                                                                                                           | gas to Transmus           | sion system                             |                                |
|             | 1         | 2.1     |                                         | Transporter taking                                                                                             | Other Gas: Kl. Pago I     | atoral Gas Co                           | mpany                          |
|             |           |         |                                         |                                                                                                                |                           |                                         |                                |
| emarks:     | 2-3/      | 8" tut  | ing set                                 | at 5523'. Top of                                                                                               | tubing perforation        | ms at 5480°                             | ATT IN                         |
| •••••       | ···•      |         |                                         | · · · · · · · · · · · · · · · · · · ·                                                                          | ·                         | ·····                                   | at tiven                       |
|             |           | ·····   |                                         |                                                                                                                |                           |                                         | Urnflarn /                     |
|             | 1         |         |                                         | <del>-</del>                                                                                                   | e and complete to the be  |                                         |                                |
| pproved.    |           |         | / 2 \ /                                 | , 19                                                                                                           | C Blackwood & Hi          | Company or Operator                     | AL CON. COM.                   |
| c           | OIL CO    | NSERV   | ATION CO                                | OMMISSION                                                                                                      | By De Zasa                | Soo (Signature)                         | DIST. 3                        |
| /: <i>/</i> | سنسك      |         | Ci                                      | med                                                                                                            | Title Pield Sape          | rintendent                              | ***                            |
| . ∩i        | l and C   | asing   | pactor Die                              | 4. #2.                                                                                                         |                           | nunications regardi                     | ing well to:                   |
| tieY!       |           |         |                                         |                                                                                                                | Name Blackwood            | & Michels Co                            | mpany                          |
|             |           |         | e gerannin i ki                         | and a second | Address P.O. Borr         | 1999 France                             | Call amada                     |

| *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                             |
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| and the second s | DIL CONSERVATION COMMISSION |
| The second second                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | No. Suplet Received 4       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CISTRICUTION NO. FEMALUED   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Garage Sales                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Process of the              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | U. E. G. S.<br>Transporter  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | File Stand V                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |