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4-OCNEW MEXICO OIL CONSERVATION COMMISSION 2-EPHG, El Paso, Farmganta Fe. New Mexico

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

REQUEST FOR (MIL) - (GAS) ALLOWAPLE

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

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			OUECTI	NC AN ALLO	MARIE EOU	(Place)	OWN AS.		(Date)
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	~	^	. I		/ \		, in.		
` !	D	, Sec	25	T 30 N	R 11 #	, NMPM.,	Besin Deko	ta	Pool
	<u>\$</u>	n Juan		County. Dat	e Spudded	1/31/64	Date Drilling O	capteted	2/13/04
Ple	rase in	dicate lo	cation:						137072
D	C	В	A	1		Name	of Prod. Form.		
x		1		PRODUCING INT	ERVAL -				
- T	-	 	177	Perforations	5 989-93'	7012-22° 69	02-16'-6924-3	2° 6835	-47' =/2 JP
E	F	G	H	Open Hole		Casin	g Shoe	Tubing_	69 97°
				OIL WELL TEST	<u>.</u>				
L	K	J	I		-	bble oil	bbls water in	hre	Choke
l						_	r recovery of volum		
M	N	1 0	P						Choke
-				load oil used	i) :bb	ols,oil,	bbls water in	hrs,	min. Size
				GAS WELL TEST	<u> </u>				
1190	Δ	990/M		Natural Prod	· Test:	MCF/D	Day; Hours flowed	Choke	Size
ubine ((Foot	AGE)	ting Reco				:c.):		
Size		Feet	Sax		• •	•	5.214 MCI	/Dav: Hours	flowed 3
				7	_		Choke		
5/8	-	285	175	Choke Size	Method	cr lesting:	LEROKO		
/0		70501	050	Acid or Fract	ure Treatment	(Give amounts of	materials used, su	ch as acid,	water, oil, and
1/2	-	70581	950	sand): 500	aela. acid	80,000# ed	126.700 og	10-0011	ed weter
				Casing	Tubing	Date first	new tanks	TIM	
				- Dist.	Pla	teau. Inc.	[AII	RIVEL	
2" EU	E tiba	. 8 69	97 •		63	Dana Madumal	Con Cod		A. T.
-				Gas Transport	ter	Paso Natural	AM.	R10196	4
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				*******************		••••••			
I he	reby c	ertify the	at the inf	ormation given	above is true	and complete to	the best of my kn	owledge:	
pprove		186	R 1 1 1ce	P.3		Beta	Development C	Q.a	*******************
F					•	0	(Company or or or iginal signed by:		
	OII. C	CONSER	VATION	N COMMISSIC	N	By:JQ	in.tHampion	L	
		Signed			· - ·	,	(Signatu	ure)	
A	ginai K	ENDRIC	CK	***********************		Title	Manager		
·	1/4 1/	******************************		******************				• •	
				ER DIST. NO.			d Communications		well to: