NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

(Form C-104)

REQUEST FOR (OIL) - (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 new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

			Farmington, man maxico zo-ol	
T ADE U	FRFRV DI	EOUESTI	(Place) (Date) ING AN ALLOWABLE FOR A WELL KNOWN AS:	,
lumburary M	t danken tet s	went 041	Co. W. M. Federal "P" 1 SE SE	1/4
(Co	mpany or Ope	*rator)	, T 30N , R (Lease) , Well No, in	Dag
Thu	- X30	L.A.L.	County. Date Brilling Completed Elevation Total Depth PBTD Uallup	••••
Pleas	e indicate k	ocation:	Top Oil/Gas Pay Name of Prod. Form.	
D	C B	A	PRODUCING INTERVAL -	
			Douglanding	
E	F G	표	Open Hole 3960 to 4115 Depth Casing Shoe 3960 Depth Tubing 3925	
			OIL WELL TEST -	
L	K J	I	Natural Prod. Test: bbls.oil, bbls water in hrs, min.	Choke Size_
			Test After Acid or Fracture Treatment (after recovery of volume of oil equal to vol	
M	N O	P	load oil used):bbls.oil,bbls water inhrs,min. Siz	ke pu
			GAS WELL TEST -	
			Natural Prod. Test: MCF/Day; Hours flowed Choke Size	
ubing ,Cas	ing and Ceme	_	Method of Testing (pitot, back pressure, etc.):	
Size	Feet	Sax	Test After Acid or Fracture Treatment:MCF/Day; Hours flowed	
8-5/8	145	100	Choke SizeMethod of Testing:	
5-1/2	3961	1,00	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oi	l, and
ħu.	392915		sand): Casing Tubing Date first new Press. Press. oil run to tanks Z	
	CO MITT		Mewood Corporation	
2-3/8	3925		Oil Transporter Gas Transporter Gas Transporter	
emarks:			, cb 2 1701	
,			OIL ON THE	
			ormation given above is true and complete to the best of my knowledge. Sunray *id-Continent Oil Company	
pproved	EB. 2196	51	(Company or Operator)	
	I CONSEI	VATION	COMMISSION By Hal GM Shewald	
Oi	L CONSER	VANION	(Signature)	
. Orig	inal Sign	ed Eme	Title Engineer Send Communications regarding well to:	
	_		· ·	
itle Suna	wison Dist.	# 34	Sunray Mid-Continent Oil Company	