REQUEST FOR (XXXX) - (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. Gas must be reported on 15.025 psia at 60° Fahrenheit.

	uie sux	K tanks.	QL: III.	be reported		Farming	ton, No	w Mexico		/25/61
						(Place	e)			(Date)
ARE	HERE	BY REC	QUESTIN	IG AN ALL	OWABLE F	OR A WEL	L KNOW	'N AS:	فينج	
euth	mest i	STOQUE	tion Co	вралу Ж	ndutect m	nth We	ll No	, 11	sn .	y, SE
0 (C	ompany	or Open	tor) 23	, T. 30N	, R. 12W	e) , NMPI	M. ,	Undesi	gnated-Ma	esverde Po
San Juan				Carrent D	Saca Sassalalad	3/30/6	51 1	Date Drilling	Completed	4/8/61
				Elevation	5512' G	<u>L</u>	_Total Dep	th	PB1 0_	00 3425
Ple	ase ind	icate loc	anon:	Top Oil/Gas	s Pay	3392	Name of F	rod. Form.	<u> Nesava</u>	rde
D	C	В	A		INTERVAL -				•	
					ns					
E	F	G	H	Open Hole	3392 to	3425'	Depth Casing St	noe	Depth Tubing	3395'
				OIL WELL TE						
L	K	J	I			bbls.oi	1,	bbls water	in hrs.	Cho min. Siz
				Natural Pro	Acid or Frac	ture Treatmen	t (after r	ecovery of vo	lume of oil e	qual to volume Choke
M	N	0	P	lest Aiter	read):	bbls.oil.	b	bls water in	hrs,	Choke min. Size
		X						•		-
		7/000		GAS WELL T					9 (% -1)	. ci 3/4
		E/320	<u> </u>							e Size 3/4
ubing ,C	Casing	and Cemer	ting Recor	rd Method of	Testing (pito	ot, back press	ure, etc.)	·	neke	
Size		Feet	SAX							s flowed
10 3/	4"	325	250	Choke Size	eMet	thod of Testir	ng:			
	-+-			Acid or Er	acture Treatm	ent (Give amo	unts of ma	terials used,	such as acid	, water, oil, a
42 ^m	3	392	150							
				sand): Casing	Tubing Press	0 Uat	e first ne	w nks		Ellin
	-								- /Atl	F1777
2 3/	/8" :	3395	ı	Ull Transp	porter	Paso Hat	ural Ge	s Company	Nr.	
				Gas Irans	porter				APR	28 19
emarks	:	***********	•						OIL	_[] _[] []
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	•	٠٠٠٠٠٠٠٠٠٠		ormation giv	en above is	true and com	plete to th	ne best of my	knowledge	- manager of the second
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pprove	b:							(Company	or Operator) Original sign	ed by
	OII.	CONSEI	RVATION	N COMMISS	SION	Ву:		(Sie	Carl W. Smit	
							Day a sheet			nt
Δ.	rigina	1 Sign	ed Eme	ry C. Arı	nold	Title	Send (Communicati	rintender ons regarding	well to:
y:يٰ!		N. 1 <u>S. 1</u>	116 1	7 1						
y:(2) 2./_S	upervis	or Dist.	#3	,			South	mest Prod	iction co	
y: () jelo S	ирегуй	or Dist.	#3		***************************************	Name		west Prod		Farmington