NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

REQUEST FOR (QIL) - (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, New Mexico	12-22-60(Date)
E ARE	HEREBY F	REQUESTI	ING AN ALLOWABLE	FOR A WELL KNOWN AS:	(Date)
		•		1. "N", Well No3, ir	NE 1/ NE 1/
(C	ompany or O	perator)	(Le	ase)	
Unit L	Sei	c16	, T30N, R.12N	, NMPM., Basin-Dakota	Pool
n Juan	.		County. Date Spudde	d li-15-60 Date Drilling	Completed 5-1-60
Please indicate location:		Elevation 5921	Total Depth 6875	рвто 6843	
D	C B	A	Top Oil/Gas Pay 656	Name of Prod. Form.	akota
			PRODUCING INTERVAL -		
E	F G	H	Perforations 6564-7	2. 6578-82. 6600-06. 6624-3	0, 6642-56
-		' n	Open Hole <u>6671-8</u>	Casing Shoe 6875	Tubing 651.7
_	77 7	 	OIL WELL TEST -		
L	K J	I	Natural Prod. Test:	bbls.oil,bbls water i	Choke nhrs,min. Size
				cture Treatment (after recovery of volu	
М	N O	P	load oil used):	bbls.oil,bbls water in	Choke hrs,min. Size
			GAS WELL TEST -		
			Natural Prod. Test:	MCF/Day; Hours flowed	Choka Siza
bing Car	ing and Cem	enting Reco	_	ot, back pressure, etc.):	
Size	Feet	Sax		cture Treatment: 2538 MC	
-5/8	356	325	1	thod of Testing: Back Pressure	
	7,0				
2	6875	325		ment (Give amounts of materials used, s	
			casing Tubing	. wtr. & 80,000# sd.	TO THE PARTY OF TH
3/8	6547			oil run to tanks	
			Oil Transporter		0500 0 4000
			Gas Transporter		DEC 3 0 1960
emarks:			**************************************		HE COM CONT
		•••••			0451.3
71.					aladea
	oy certify the		.	true and complete to the best of my kn	
proved			DEC 3 0 19 60 , 19	Sunray Mid Continent O	Operator)
OI	L CONSE	RVATION	COMMISSION	By Halm Steen	walt
.				(Signatu	are)
Origin	nal Signe	d Emery	y C. Arnold	Engineer Title	1' 11
-مناک ما	rvisor Dist	Д э	•	Send Communications	regarding well to:
rcaupe	r41801.1718 5	₩••••••••		Name Sunray Mid-Contine	at 0 11 00.
		•		Address Petroleum Cent	er Bldg. Farmington.N

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PROGRAMA GAS

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