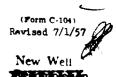
NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe. New Mexico



REQUEST FOR (OIL) - (CAS) ALLOWABLE

PERENTAL

1-15-59

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

Farmington. New Mexico

					(Place)				(Date)	
			NG AN ALLOWABLE FOR A WELL KNOWN AS: BOLACK Well No. 14 in SW						• • • • • • • • • • • • • • • • • • • •	
(Company or Operator)				(Lease)						
G Data Lette		<u>9</u>	., t 30N , R	10M	, NMPM.,	Morse	snoe w	atinb	Pool	
San Juan Please indicate location:			County. Date St	oudded 1	2-15-58	Date Dr	illing Com	pleted	1-7-59	
			County. Date Spudded 12-15-58 Date Drilling Completed Elevation Total Depth 1402 PBT							
			Top Oil/Gas Pay_	1235	Name	of Prod. Fo	rm. Ga	llup -	Tooito	
DC	В	A	PRODUCING INTERVA	<u>\L</u> -						
			Perforations		1235-1	302 ¹				
	i -	H	Open Hole		Depth Casin	ng Shoe	1402	Depth Tubing_	1384	
	x		OIL WELL TEST -							
LK	: J	I						hrs.	Choke min- Size	
			Test After Acid							
N	0	P								
			GAS WELL TEST -	Pump	capacity				min. Size	
					/-					
									Size	
Size	ng and Geme Feet	enting Reco							 	
344 144 1542			7				MCF/1	Day; Hours	flowed	
3-5/8	79 ±	70	Choke Size	Method of	Testing:			·		
5-1/2"	1 30 3	75	Acid or Fracture						water, oil, and	
	-111	17	sand): 100	,000 gal	lons oil	, 100,	000#_=	and		
2-3/8"		-	Casing Press							
			Oil Transporter_	El Pe	so Natur	al Gas	Produ	icts C	0	
		<u> </u>	Gas Transporter_	Ja	Ruary-15	7-1959	Non	e	·	
marks:										
		•••••	***************************************							
		· · · · · · · · · · · · · · · · · · ·	***************************************					f	**** * \	
I hereby	certify th	nat the infe	ormation given abo	ve is true ar	d complete to	the best o	f my knov	vletige. 🎶	4420 -	
proved	JAN 2		,						9	
-						Com	pany or or	perator)	Q 7	
OIL	CONSE	RVATION	COMMISSION		Ву:	LON	(Signature)	1	
Origi	inal Sign	ned Eme	ery C. Arnold		Tiala					
				••••	TitleSeno	d Commun	ications r	garding	well to:	
ile	Supervis	or Dist. #	3		N 7	To	m Bola	ack		
					Name	••••••				
					Address 101	ON. Du	istin,	, Farn	ington, N.	

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