NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

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

			FARMINGTON, NEW MEXICO	3/.9/.59
			(Place)	(Date)
			ING AN ALLOWABLE FOR A WELL KNOWN AS:	
			EE L. NAH(NAVAJO) , Well No, in	sw 1/4 sw 1/4
(Con	npany or Ope	rator)	(Lease)	WOM -
M. Lett	, Sec		T 30 N , R 16 W , NMPM., HORSE SHOE CAN	10N Pool
AN JUAN	I		County Date Smudded 2/2/59 Date Drilling Co	pleted 2/11/59
	e indicate k		Elevation 5564 Total Depth 1734	PBTD 1734
Picaso	e indicate ic	xcauon:	Top Oil/Gas Pay 1510 Name of Prod. Form. G	
D (В	A	PRODUCING INTERVAL -	
			Perforations 1512-1558 1630-1650	
E 1	F G	H	Open Hole NONE Casing Shoe 1734	Depth Tubing 1515
		 	OIL WELL TEST -	Chalia
r 1	KJ	I	Natural Prod. Test:bbls.oil,bbls water in	Choke hrs,min. Size_
	ļ	-	Test After Acid or Fracture Treatment (after recovery of volume	
<u>M 1</u>	N 0	P	1	Choke
- •			load oil used): 75 bbls.oil, 225 bbls water in 24	min. Size
			GAS WELL TEST -	
			Natural Prod. Test: NA MCF/Day; Hours flowed	Choke Size
Man Carl	ing and Come	nting Reco		
Size	Feet	Sax		
			Test After Acid or Fracture Treatment:MCF/	
8 5/8	108	100	Choke SizeMethod of Testing:	
<u> </u>			Acid or Fracture Treatment (Give amounts of materials used, such	n as acid. water. oil. and
51/2	1734	100	₹	
			sand): SNND OIL FRAC 30,000 GALS OIL & 90,0	JUD Ibs, sand
2 3/8	1515		Casing Tubing Date first new Press. Press. oil run to tanks MARCH	17 1959
			Oil Transporter EL PASO PRODUCTS COMPANY	
			Gas Transporter	THE STATE OF THE S
			025 11013501 001	1916
narks:		*****************	······································	MAR 9 LOOM. COM. COM. DIST. 3
••••••		•••••		CON. CO
				TONE CIST.
I hereb	y certify th	at the infe	formation given above is true and complete to the best of my know	vledge.
proved		9 1959	19 J. FELIX HICKMAN	
proved			(Company or O	peritor)
OT.	I CONSEE	NATION	S COMMISSION BY: 12 LAC	proceso
ŲI.	L CONSE	CAVITON	V COMMISSION By: (Signature	<u>:</u>)
	tinal Sign	ned Eme	ery C. Arnold	
• ••••••			Title ALENT Send Communications r	egarding well to:
tle Supervisor Dist. # 3			# 3	
45			NameJ.FELIX HICKMAN	.3010 MONTE VISTA N
			Address ALBUQUERQUE, NE	N MEXICO
			AddressAutova varavava and	