## NUMBER OF COP. . S RECEIVED DISTRIBUTION SANTA FE FILE U.S.G. LAND OFFICE OIL TRANSPORTER GAS PROBATION OFFICE OPERATOR

## NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

New Well

Recompletion

## LE

P	LEQUE	EST FOR	(OIL)	- (GAS)	ALLOWAPI
***					
(To	change	original	request	submitted	10/9/63,

This form shall be submetted 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 deliv-

ered into th	ne stock tank	ks. Gas must	be reported on 15.025 p	osia at 60° Fahrenhe	eit.			
						10/22/63 (Date)	•••••	
WE ARE F	KEREBY R	equestin	NG AN ALLOWABLE	FOR A WELL KN	NOWN AS:			
	ylor Oil mpany or Op		tion Florance (Le		47, ir	SW/4NE	.1/4,	
Unit La	ner .					)Р		
San Juan  Please indicate location:						PBTD		
	<u> </u>	<del>                                     </del>	Top Oil/Gas Pay46	Name	of Prod. Form.	Mesaverde		
D	CB	A	PRODUCING INTERVAL -					
E	F G		Perforations OP	Hole Depth		Depth		
		7	Open Hole 4664 - 5	<b>435</b> Casir	ng Shoe 4664	Tubing 4666		
L	K J	I	OIL WELL TEST -			Cho		
_			Natural Prod. Test:	bbls.oil,	bbls water :	inhrs,min-Siz	.e	
М	N O	P			•	ume of oil equal to volume Choke hrs,min. Size		
		1 1	<del></del>				_	
<b></b>			GAS WELL TEST - (See		Davis Hayra flawed	Choke Size		
Tubing Cas	FOOTAGE)	nting Recor				CHOXE 312E		
Size	Fret	Sax						
7" 172 90			Test After Acid or Fracture Treatment: MCF/Day; Hours flowed  Choke Size Method of Testing:					
<del></del>	4664	100	Acid or Fracture Treatmend):			such as acid, water, oil, a	.nd	
		tbg.						
1.90	4666		Oil Transporter	oi) run to	tanks		_	
			Gas Transporter Sout				_	
Remarks:	Potest	1963 D	eliverabilityTest				•	
		D = 36	2 MCF/day (50% Pc)	(D = 20	9 MOF/day - 8	BOT PEIKLLIVE	<b>)</b> \	
						ACT O		
I hereb	y certify th	at the info	rmation given above is	true and complete to	the best of my kr	nowledge IL CON. CON	. ]	
Approved	SEP 2 2 19	163	, 19	nerhir#1	Company or	Operator)	7./	
OI	L CONSE	RVATION	COMMISSION	By:	Guynn (Signat	sure)		
<sub>B</sub> Ori	ginal Sig	ned Eme	ry C. Arnold	Title	Title District Engineer  Send Communications regarding well to:  Name Delhi-Taylor Oil Corporation			
By: Supe	rvisor Diet.	#3		Seno				
						8, Farmington, N. N	<u>1.</u>	