REQUEST FOR (OIL) - (&AS) ALLOWABLE

X 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.

				Farmingto	n, New Mexico	1-10-57
1475 4 4 5	*****	D.D.O.L.D.O.D.		(Place)		(Date)
WE AKE	MEKEBY	REQUESTI	ING AN ALLOWABLE	FOR A WELL KNOW	WN AS:	
CI PaleO	ompany or	URS PTOOL	ctsCo. Malco-Co	opple, Well No	.8, inNI	E/4NE!/4,
	-	-	, T30N, R15		ordo-Callun	
•						
San	Juan	····	County. Date Spudde	d 8-25-57	Date Drilling Complet	ed 10-20-57
		e location:	Elevation 5458	Total De	oth	PBTD
D	C	ВА	Top Oil/Gas Pay	3208 Name of 1	Prod. Form. Lower	Gallup
			PRODUCING INTERVAL -			
\vdash _ \vdash		Х	Perforations			
E	F	3 H	Open Hole 3208-34	Denth	noe 3208 De Tu	pth bing 3426
			OIL WELL TEST -			
L	K	T I	Natural Prod. Test:	bbls.oil,	bbls water in	Choke
				ture Treatment (after re		
М	N (P	load oil used): 108	bbls.oil, _Obb	ols water in 24 hrs	Choke min. Size 2
			GAS WELL TEST -			
990'N.	890'R			MCF/Day;	Harris Els al	a
Tubing Ca.	sing and G	menting Recor	_			
Size	Feet	SAR	and of feeting (pred	ot, back pressure, etc.):		
		1		ture Treatment:		dours flowed
10-3/4	123	200	Choke SizeMet	hod of Testing:		
			Acid or Fracture Treatme	ent (Gi ve amounts of mat	erials used, such as a	cid. water. oil. and
5-1/2	3202	150	sand): 15.456 cml	011 & 15 000# con		,,,,,
4 1 10		1	Casing Tubing	O Date first new oil run to tan	11-10-67	
4-1/2	217		· ·			
2-3/8	3423		i .	Paso Natural Gas P	roducts Company	
			Gas Transporter			CFILL TO
Remarks:				•••••••••••••••••••••••••••••••••••••••	/RL	P-14-5-3
	••••••	•••••	••••••		: \1	
I hereb	y certify	that the info	rmation given above is tr	rue and complete to the	best of my knowledge	CON. COM.
pproved		JAN 201958				DIST. 3
••			, ,	~ 0-	(Company or Operator	
			COMMISSION	By:		
	_	igned By			(Signature)	
By: <u>A</u>	R. KF	NURICK	•••••••••••••••••		leum Engineer	
itle PET			R DIST. NO 3		mmunications regardi	ng well to:
••••	••••••••••	•			Walsh	
				Address Box 156	55. Farmington	Now Marian

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U. S. G. S. Transporter			
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