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

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

## REQUEST FOR (1991) - (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 now oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

	ra <b>– Me</b> si			•••	Durango, Colorado (Place)			December 3, 1958 (Date)		
E ARE HE	REBY RE	QUESTIN	NG AN ALLOV	VABLE FOR	A WELL K	NOWN 56-3	AS: 4 in	<b>112</b> 1/		
(Comp	pany or Oper	rator)	, T. 3111	(Lease)	NMPM.	Mane	o Nesave	rde	- Pc	
Takin Lakin	7		County. Date							
			County. Date	Spudded	Tota	al Depth_	78251	PBTD	78071	
	indicate lo	cation:			Name					
DC	В	1100								
		x 2	Pertorations	5180' -	56381'. 2	holes	per foot	Depth		
EF	G	H	Open Hole	None	Dep Cas	ing Shoe_	78241	Tubing	77361	
<del></del>	*-	<del>                                     </del>	OIL WELL TEST						Choi	
r   K	J	I			bbls.oil,				min. Siz	
37 - 40	<del></del>				Treatment (af				Lnnare	
M	0	P	load oil used	:bi	ols,oil,	bbls	water in	hrs,	_min. Size	
			GAS WELL TEST							
		<del></del>	. Natural Prod.	Test:	MCF.	/Day; Hou	rs flowed	Choke	Size	
ubing ,Casi	ng and Cemer	nting Recor	d Method of Tes	ting (pitot, 1	pack pressure,	etc.):				
Size	Feet	Sax	Test After Ac	id or Fractur	Treatment:	4741	MCF	/Day; Hours	flowed	
10-3/4	181	225			of Testing:					
7-5/8	3447	725	Acid or Fractu	re Treatment	(Give amounts	of materi	als used, su	ch as acid,	water, oil, a	
	-	1-3	sand): In 2	stages t	otaling 11	5,000 g	als. wet	er = cy,	000 198 84	
5-1/2	7809	600	Press. 914(	SI Press.	68(5) e fir	to tanks_	202 202	Bedted 1	2-3-30	
			Oil Transport	erR1	Paso Matu	O	Company		1	
	Squeese	4 7-5/8	seator wit	additto	mal 100 mas	ske com	ent.		C. C.	
emarks:	No tubi	ng perfe	prations - t	o be prod	need thru	msing.	••••••	1	<b>7</b> 7	
••••••	Dekota	tabing p	ressure not	complete	ly stabilio	sed aft	er 8 day		<b>0</b>	
I hereby			ormation given a							
pproved			DEC 5 19	8., 19						
					Original	Signed (	Company or (	Dolas	so Loos	
			COMMISSIO		By: by Dela	550 F863	(Signatu	re)		
Origin	nal Signe	ed Emer	y C. Arnold	l .	Tiele	_	erintend			
y:			••••••••••••		Se			regarding v		
itle Super	visor Dist	#.3	••••••		Name					
					2	.O. Box	12 <b>37.</b> B	arango,	Colo.	

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