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

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		NEOU PETI	NG AN ALLOWA	DIF FOD A	(Place)	NN AS.		(Date)	
			rp. Johnsto				33 1,	, Su	1/4.
(Co	empany or O	perator)		(Lease)					
Elmit La	Se		, T. 318 , R						
•	n Janu		County. Date	MANUEL 1/25/	ggrk L	Dat Parks	Completed	6/h/6e	
	se indicate		Elevation 6	49	Total De	oth <u>5247</u>	PBTD	5170	
			Top Oil/Gas Pay_	4384	Name of	Prod. Form	Mesererie	<u></u>	
D	C B		PRODUCING INTERVA	<u>T</u> -					
			Perforations 514	7-5044, 47	24-4580, 41	182-4384			
E	F G	H	Open Hole	<u> </u>	Depth Casing S	hoe_5174	Depth Tubing	4260	
	35		OIL WELL TEST -						
L	K J	I	Natural Prod. Tes	atı bb	ols.oil.	bbls water i	n hrs,	min.	Choke Size
	•		Test After Acid	-					
M	N O	P	load oil used):					Chok	e
			GAS WELL TEST -						
			Natural Prod. Tes		MCE/Down	House flowed	Choke	. Ci ac i 2	
	-4 a-4 Car						CHOKE	J126	
Size	Fret	menting Reco Sax	Method of Testing Test After Acid				E/Dav: Hours	flowed	
			Choke Size						
10 3/4	175	200							
7"	4483	400	Acid or Fracture	Treatment (Giv	e amounts of ma	terials used, s	uch as acid,	water, oil	, and
	top 5"	liner 6	Casing	Tubing	Date first ne				
5*	5174	175	Press.	Press	oil run to ta	nks			
2 7/8	4260	4504	Oil Transporter_		•				
2 1/0			Gas Transporter_					FII)	
Remarks:	THE RESIDENCE OF THE PERSON.	· · · · · · · · · · · · · · · · · · ·	OD FUE the in	•			2 2 2	FIAFE	1.
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			ormation given abo	ve is true and	complete to th	e best of my kn	IONIGRE CO	ON. COI	м./
Approved	JUL 3	1962	,	19		(Company or	Operator		<i></i>
				ħ.	/s/ Cherl	es M. Beerl			
O	IL CONSI	ERVATIO!	N COMMISSION	Б	N. S.	~. (Signat	nte)		
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