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NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWAPLE

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.

E ARE	HERE	BY RE	QUESTI	Farmington, New Mexico, October 28, 1 (Place) (Date) NG AN ALLOWABLE FOR A WELL KNOWN AS:
10	Omnany	or Oper	rator)	of New Mexico Unit "M", Well No. 1 , in NE 1/4, (Lease) T 31-N , R 12-W , NMPM., Basin Dakota Pool
Unit 1	Letter			County Date Spudded 7-29-64 Date Drilling Completed 8-14-64
	ase indi			Top Oil/Gas Pay 6758 Name of Prod. Form. Basin Dakota
D	С	В	A	PRODUCING INTERVAL -
			0	Perforations 6758' to 6920'
E	F	G	H	Open Hole — Casing Shoe 6985 Tubing 6928
L	K	J	I	OIL WELL TEST - Choke Natural Prod. Test: bbls.oil, bbls water in hrs, min. Size
М	N	0	P	Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used):bbls.oil,bbls water inhrs,min. Size
3-5/8"		GE) nd Cemer Cert	sax 300	Natural Prod. Test: None MCF/Day; Hours flowed Choke Size Method of Testing (pitot, back pressure, etc.): Test After Acid or Fracture Treatment: 2,468 MCF/Day; Hours flowed 3 Choke Size 3/4" Method of Testing: Back Pressure Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 60,000 Galions of water containing 60,000 sand
	16" 6		-	Casing Tubing Date first new Press. 0 Press. 1500 oil run to tanks
				Oil Transporter Gas Transporter
I he		rtify 1 As	at the inf	formation given above is true and complete to the best of my knowledge. TEXACO Inc. (Sompany or Operator)
				N COMMISSION By: G. L. Eaton (Signature)
O :	rigina	l Sign	ned Em	ery C. Arnold Title District Superintendent Send Communications regarding well to:
tleS	upervis	or Dist.	# 3	Name TRXACO Inc.
				Address Box 810, Farmington, New Mex