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

## (Form C-104) Revised 7/1/57 New Well

## REQUEST FOR (OIL) - (GAS) ALLOWABLE

RECOMPEDIX

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.

				Casper,Wyomir (Place)	1g	11	-25-58(Date)
		-	ING AN ALLOWABLE				
• Atla	ntic Ref mpany or Ot	ining (	Company N	avajo, Well No1(	5	., inS.B.	1/4N.B1/4,
	• •	-	T 31-N R 16	•	rseshoe.	-Gallup	Pool
Unit Lat	ter		•				
			GTElevation 51.25	ed11-16-58 Total Dept	h 1310	ing Completed	-11-20-58
Pleas	e indicate	location:		6 Name of Pr			
D	C B	A	PRODUCING INTERVAL -				<del></del>
E	F G	H	Perforations 12	16-122h (ES)	···-	Depth	<del></del>
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<del>.  </del>	<b>"</b>		OIL WELL TEST -				
L	K J	I	Natural Prod. Test: N	one bbls.oil,	_bbls wate	er inhrs,	Choke min- Size
				acture Treatment (after rec			<del></del>
M	N O	P	load oil used): 205.	9_bbls.oil,bbl	ls water i	n' <u>2),</u> hrs, <u>n</u>	Choke min. Size <b>ge R</b>
ļ			GAS WELL TEST -				
				MCF/Day; F	lours flow	and Challe	C:
bing Cas	ing and Cem	enting Rec					
Size	Feet	SAX		tot, back pressure, etc.):			
	1	i		acture Treatment:		<del></del>	<del></del>
3 <b>-</b> 5/8	101	115	Choke Size M	ethod of Testing:			
5}	1301	130	Acid or Fracture Treat	ment (Give amounts of mate	rials usec	i, such as acid,	water, oil, and
0.0/9	1000		sand): See Rem				
2-3/8	1219	Ì	Casing Tubir	ng Date first new oil run to tank	s	<u>58</u>	<del></del>
				dieed Corp. 364 Pet			
	<u></u>	<u> </u>	Gas Transporter:			•,	
marks: .T	reated p	erfs 12	16-122h (ES) w/ 10		de cont	aining 12.	000# 10/20
			200#. Avg Inj Rate		***************************************		
1 test	.V.8.S8	Mabtes	t through 2" tubin	<b>Z</b>			Marine San
			formation given above is	<del>-</del>		A <sup>*</sup>	
proved	. , _	NOV 2	, 5 1958 , 19	The Atlantic F	efining	zCompany	NO <sub>V</sub>
•			, 20		Gompany	or Operator O	14 00 13/20
OI	L CONSE	RVATIO	N COMMISSION	By: (1) (2)	12 IL	20	D) 14
Δ.		۲ د	?		( 518	mature) \	
:	ารเทม ชื่	igned I	Emery C. Arnold	Title.Production	Forem	ons regarding v	vell to:
tle		apetrisor	Dist # 3	Send Cor	mmumcati	ions regarding	
	-	·····		NameL. B. Ke	lly		
				Address Box 520.	Come		

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		State Providence
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		Operator Sylished
		Santa Fe
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		State I and Office
		U. S. G. S.
		Trensporte/
		11/2

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