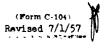
NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico



REQUEST FOR (OIL) - (GAG) ALLOWABLE

New Well

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.

| | ,., | |
|-----------------------------------|--|-------------------------------|
| FOURTING AN ALLOWARD | , | (Date) |
| Mains Co. Esvais | | in SB 1/4 IN 1/4, |
| | | |
| , T31, R | | Pool |
| County. Date Spud | ded9-25-58 Date Drillin | g Completed 9-30-58 |
| ocation: Elevation granua | lotal Depth | PBI U |
| | Name of Prod. Form. | Garray |
| | | • |
| , | D11 | Depth 1771. 30 |
| Open Hole Kone | Casing Shoe 1299 | Tubing 1754.39 |
| OIL WELL TEST - | | Choke |
| Natural Prod. Test: | None bbls.oil,bbls water | inhrs,min. Size_ |
| | | C.DOKP 3 |
| | bbls, oil, bbls water in | 2hhrs, 0 min Size 137 |
| | | |
| Natural Prod. Test: | MCF/Day; Hours flowed | Choke Size |
| enting Record Method of Testing (| pitot, back pressure, etc.): | |
| Sax Test After Acid or | Fracture Treatment: | MCF/Day; Hours flowed |
| Choke Size | _Method of Testing: | |
| Acid or Fracture Tro | eatment (Give amounts of materials used, | such as acid, water, oil, and |
| 1 125 | erica | <u> </u> |
| 1 942 50021.9 | bing Date first new essoil run to tanks | -58 |
| <u> </u> | | |
| Gas Transporter | | |
| newforations 1235-1262 v | rith 10,000 gale. lease crud | plus 5000# 20/40 san |
| and Maximum and Minis | me treating pressure 600% | "VASLEGE" THIS GRIDH "LE |
| | with 10.000 gals. of lease | ornde plus5000# .20/40 |
| Lapune anthuigh the above | Tage and complete to the best of my | knowledge. |
| OCT 1 (191) 19 | | ian fa. |
| | 2 Hill | 1 |
| RVATION COMMISSION | By:(Sign | nature) |
| ned Emery C. Arnold | Title Dist. Supt. | |
| lene Disk. # 3 | Send Communication | ons regarding well to: |
| 1000 marin 10 | Name. The Atlantic Ref | Aning Co. |
| | | er, Wyoning |
| | County. Date Spud Elevation France County. Date Spud Elevation County. Date Spud County. | County. Date Spudded |

| | | No. C | CONSERVATION AZTEC DISTRIC Copies Received | OFFICE | |
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