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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.

				Farmington, New Mexico (Place)	1-12-61 (Date)
WF AQ	F HF	REBY RE	OUESTI	NG AN ALLOWABLE FOR A WELL KNOWN AS:	(= = = ,
				Ute C Well No3 in SE	1/4 SW 1/4,
•	(Com	pany or Oper	rator)	(Lease)	
	N Lette	, Sec	٤(,	, T. 31N , R. 15W , NMPM, Verde Gallup	Pool
Sa	n J	uan		County. Date Spudded. 11-30-60. Date Drilling Complete	и 12-16-60
		indicate lo		Elevation 5565 Total Depth 2776 F Top Oil/Gas Pay Name of Prod. Form. Verde	BTD
D	С	В	A	PRODUCING INTERVAL -	Valley
				Perforations None	
E	F	G	H	Open Hole X Depth Casing Shoe 2465 Ft Tut	oth oing 2719 Ft
				OIL WELL TEST -	
L	K	J	I	Natural Prod. Test: 87 bbls.oil, bbls water in 24	Choke hrs,min. Size
				Test After Acid or Fracture Treatment (after recovery of volume of o	Choke
M	N	0	P	load oil used): bbls.oil, bbls water in hrs.	,min. Size
			<u> </u>	GAS WELL TEST -	
	/=	ODTAGE)		Natural Prod. Test: TSTM MCF/Day; Hours flowed (Choke Size
Lubing	,Casi	ng and Cemer	nting Reco		
Su	·c	Feet	Sax	Test After Acid or Fracture Treatment: MCF/Day; 1	Hours flowed
8.	3/2	123	100	Choke Size Method of Testing:	
5%		24/65	80	Acid or Fracture Treatment (Give amounts of materials used, such as a sand):	acid, water, oil, and
	3/8	1		Casing Tubing Date first new Press. Press. oil run to tanks	1-12-6,
	18.	2124		Oil Transporter Trans Western Tankers	
				Gas Transporter	No. 12
P				Gas transporter	
Kemar!	k3 i		••••••••		
	•••••••		••••••••••••		•••••
7 1	hereb	v certify th	at the inf	ormation given above is true and complete to the best of my knowledg	je.
Approv	red	IAN 1.7.196	1		MINERITA
	OII	L CONSER	RVATION	COMMISSION By: (Signature)	
	Origi	nal Signed	l By	Title Office Manager	
Ву:	A, R	. KENDR	ICK	Send Communications regard	
Title P	ETR	OLEUM.E	NGINEE	R DIST NO 3 Name.	
				Address	

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UPERATOR	رد ا	1