NEW MICO OIL CONSERVATION COMMI' ON 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 whath 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, doring 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.

							(Place))	A	Pl'da Kalg	173 0 (Dat	e)
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	10	`omna	INV OF OT	PTABOT)		(Lene	•)					-
•••	O Sec. 34											
•••	Lea Please indicate location:				County. Da	te Spudded.	10-14-57 M	Dat	Drilling	Completed '	99	5 671
								-				
Γ	D	C	В	A	PRODUCING IN			•				
					Perforations 9766'-9820 1							
	E	F	G	H	Open Hole	Norse	I (Depth Casing Shoe_	99741	Depth Tubing_		Gas Stri
					OIL WELL TES	<u>51</u> -		_				
	L	K J		II			bbls.oil,	t	bls water i	nhrs,	,mir	Choke 1. Size
		SEC	TON	34	Test After A	Acid or Fractu	ure Treatment	(after recov	very of volu	me of oil ea	qual to vo	olume of
	M	N	•	P	load oil use	ed):	bbls.cil,	bbls	water in	hrs,	min. Si	ize
i				GAS WELL TES	<u>-</u>							
4	R-33-8				- Natural Proc	d. Test:		MCF/Day; Hou	urs flowed _	Choke	e Size	·
t t	Size Size Method of Testing (pitot, back pressure, etc.):											
	Sire Set Art @ Sax			Test After /	Acid or Fract	ure Treatment:	Lest Du	MC	F/Day; Hour:	s flowed	-1/2	
	13-3/	81 3	1361	275	Choke Size	Metho	od of Testing:					
	8-5/8	" 3	3790' 1500		Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and							
	5-1/2		9975'	900		O Gallons	15% Reg.	Acid				
	744		717	700	Casing 1200# Tubing A200# Date first new Press. 1200# Press. 0il run to tanks 1-28-58							
				Oil Transporter Service Physe Line Company Kl. Paso Natural Gas Co.								
					Gas Transpor	rter	CON NEIVUE					
K	lemarks:	••••	•••••			•••••••						
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	I her	ebv c	ertify tl	hat the inf	ormation given	above is tru	e and comple	te to the be	st of my kn	owledge.		
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	FF					-	- 1/	7.// "	Company or	Operator)		
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