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NEW MEXICO OIL CONSERVATION COMMISSION

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

Santa Fe, New Mexico

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 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.

(Place)

(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

San Juan & Union & Michael, Cila humble #41 Well No. 1, in 35 $\frac{1}{4}$ 35 $\frac{1}{4}$,
(Company or Operator) (Lease)

1 27 105 120 NMPM., humble lease (Pom) Pool
Unit Letter

100 County. Date Spudded 5/29/53 Date Drilling Completed _____

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

Elevation 8730 Total Depth 2844 PBTD _____

Top Oil/Gas Pay 8720 Name of Prod. Form. rough

PRODUCING INTERVAL -

Perforations 8720 - 8715

Open Hole _____ Depth _____
Casing Shoe 8610 Tubing 8720

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Choke Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used): 227 bbls. oil, 10 bbls water in 24 hrs, 0 min. Size 3/4

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: _____ MCF/Day; Hours flowed _____

Choke Size _____ Method of Testing: _____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): _____

Casing _____ Tubing _____ Date first new _____
Press. Backhoe Press. 700 oil run to tanks 5/18/53

Oil Transporter Service Pipe Line Company

Gas Transporter same

400 3/4 360 1/2
(FOOTAGE)

Tubing, Casing and Cementing Record

Size Feet Size

<u>3/4</u>	<u>427</u>	<u>400</u>
<u>3/4</u>	<u>4012</u>	<u>400</u>
<u>3/4</u>	<u>8610</u>	<u>400</u>
<u>3/4</u>	<u>8705</u>	

Remarks:

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved _____, 19 _____

San Juan & Union & Michael, Cila
(Company or Operator)

OIL CONSERVATION COMMISSION

By: _____
(Signature)

By: _____

Title _____

Title _____

Send Communications regarding well to:

Name San Juan & Union & Michael, Cila

Address San Juan, Midland, Texas