NEW ME CO OIL CONSERVATION COMMISSI & 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 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.

					Miclands. (Place)	Toxe 3	April 1	-
WE AR	E HER	EBY RE	QUESTI	NG AN ALLOWABLE	FOR A WELL KN	OWN AS		(Date)
Sen B	oren a	nd Naj	or & Gi	chal Oils Hurble	Stata CC Well No	, in	<u></u>	
Uni	lj Letter	, Sec	34	., T. <u>10</u> S, R. <u>3</u>	3E, NMPM.,	(South Le	celly n	Pool
·····	lea.	•••••		County. Date Spudde	d 2/1/85	Date Drilling	Completed	3/14/65
		dicate lo		Elevation 120	DDFTotal	Depth973	5РВТД	9730
D	C	В	A	Top Oil/Gas Pay	2 <u>668</u> Name o	f Prod. Form	Bough "	Cu
-	Ů			PRODUCING INTERVAL -				
E	F	G	H ·	Perforations Open Hole	Denth	a	Depth	9648
				OIL WELL TEST -	Casing	Shoe 7(5)	Tubing	7000
L	K	J	I	Natural Prod. Test:	bbls.oil,	bbls water i	nhrs,	Choke min. Size
				Test After Acid or Frac				
М	N	0	Р	load oil used): <u>201</u>				
				GAS WELL TEST -				
<u>_ 62 O</u>	58.9	<u></u>		Natural Prod. Test:	MCF/Day	; Hours flowed	Choke Si	ze
			ting Recor	d Method of Testing (pitc	t, back pressure, etc.	.):		
317	Size Feet Sax		5ax	Test After Acid or Frac				owed
15		200	580	Choke SizeMet	hod of Testing:			
203	<i>1</i> 4	1845	550	Acid or Fracture Treatm				
7-5	/8	3996	450	sand): 500 cale Casing Tubing Press. Pack01 Press.	Date first n	gallen rotan ew	<u>ced acid.</u> 3/31/65	
l = 1	/2	9733	1:30	Oil Transporter Pari				
		9648		Gas Transporter	0539			
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	••••••	••••••	••••••	••••••				••••••
I he	reby ce	rtify that	the infor	mation given above is t	rue and complete to th	he best of my kno	wledge.	······································
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		*****	*************		Name	manunum ramus stud	in 2. Alchen	1 Mila
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