MUMBER OF COP .S RECEIVED C STRIBUTION SANTA FF FILE U.E.G.S. LAND OFFICE TRANSPORTER UAS PROPRIATION OFFICE OPERATOR

NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

(Form C-104)
Revised 7/1/5?

REQUEST FOR (OIL) - (GAS) ALLOWAPLE

New Weil
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any confidence of grant Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The glowable 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 recompletio. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gai must be reported on 15.025 psia at 60° Fahrenheit.

| | | | | | | Midland, Texas (Place) | | | June20 ₄ 1962 (Date) | |
|---------------------------|---------------|--------------|---------------------------------------|------------------------|--------------------------|-------------------------------|------------------------------------|-----------------|---|--|
| VE AR | E HERE | BY RE | QUESTI | NG AN ALLO | OWABLE FOR | R A WELL KN | OWN AS: | | | |
| BTA | 011 P | roduce | rs | | TAYLOR | | , in | SW 1/4 | SW'/4, | |
| | (Company | y or Oper | etor) | _ 0.6 | (lease) | en en e | heterologia | | n . | |
| M. Umi | Letter | , Sec | | , T0-3 | , R. .+32+& . | , NMPM., | ndesignated | | P001 | |
| · | Roose | evelt | | County. Di | ste Spudded5 | -30-62 | Date Drilling | Completed (| 5-11-62 | |
| Please indicate location: | | | | Elevation | 4241 GL | Total | Depth <u>4670</u> of Fred. Form | FBTD | 4650 | |
| D | C | В | A | PRODUCING I | | Name (| 01 1760 1014 | Gan Aan | · · · · · · · · · · · · · · · · · · · | |
| | | | | Perforation | 4586- | 4614 | | | | |
| E | F | G | H | Open Hole | *** | Depth Casino | g Shoe 4670 | Depth Tubing | 4620 | |
| L | K | J | I | OIL WELL TE | - | | | | Choke | |
| _ | , | | | i | | | bbls water i | | | |
| .,_ | - | | | į. | | | r recovery of valu | | Choke | |
| M | N | 0 | P | load oil us | ed): <u>42</u> bl | ols,oil,5 | bbls water in | 24 hrs, | min. Size <u>20/6</u> | |
| | | <u> </u> | <u> </u> | GAS NELL TE | | | | | | |
| 660 | FSL - | 660 FWI | <u> </u> | Natural Pro | d. Test: | MCF/D | ay; Hours flowed | Choke S | Si ze | |
| tubing | ,Casing | and Gemen | ting Reco | rd Method of T | esting (pitot, | back pressure, et | c.): | | | |
| Siz | re | Feet | SAX | Test After | Acid or Fracture | e Treatment: | мс | CF/Day; Hours f | lowed | |
| 8-5 | /8 | 359 | 250 | Choke Size_ | Method | cf Testing: | | | | |
| 4-1 | | 4670 | 250 | Acid or Frasand): A/20 | ture Treatment | (Give amounts of F/20,000 gal | materials used, s | such as acid, w | ater, oil, and | |
| 2-3 | | 4620 | | | Tubi na | OSTA first | | | | |
| | | | ····· | | | | poration | | | |
| | | | | | | | | | | |
| 200000 | ks: | | | 045 1141.500 | | | | | | |
| (CIIIal) | | | · · · · · · · · · · · · · · · · · · · | | | | | | | |
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| | | | | | | | the best of my ki | | | |
| 1 1 | hereby ce | ertuty tha | it the ini | ormation giver | 10 | B' | TA Oil Produc | ers | | |
| Approv | red | | | | , 19 | | 7 / (Company or | | | |
| | O | ONTORR | 1/4 TIO | TOMMISSI | ON | By: | 14. 5- | | | |
| | OIL C | UNSEK .eo | OHATIO | N COMMISSI | 014 | ~ , | (Sigmal | ture) | | |
| 3v; | | 7 | | | | TitleProdu | uctionSuperi | intendent | ell to: | |
| | | | | | | Send Name BT A (| Oil Producers | a rekaramé w | | |
| litle | | | | ••••••••• | | Name | | | <u> </u> | |
| | | | | | | | | | _ | |