		N			ERVATION C New Mexico	COM!	SION		(Form C-104) Revised 7/1/57
		and the second	QUEST FOI				1.11.1	000	New Well Recompletion
Form Cable will month of	-104 is to b l be assign of complet	e submitted in ed effective 7:0 ion or recomple	by the operator b QUADRUPLIC. 0 A.M. on date of etion. The comp st be reported on	ATE to the of completic letion date	same District O on or recomplet shall be that da	office to ψ ion, providute in the c heit.	hich Form ded this for case of an o	C-101 was	sent. The allow-
WE AR	E HEREE	Y REQUESTI	NG AN ALLO	WABLE FO	(Place) R A WELL K	NOWN	AS:		(Date)
	Company	or operator /	Company N.M.						/4
Unit Les	Latter		County. Date						
F		ate location:	Elevation	4254	Tota	al Depth	9375	PBTD	9324
D	C	B. A	Top Oil/Gas Pa PRODUCING INTE	ERVAL -			Form. WO.		
E	F	G H			21 9244 - Dept Casi	th	<u>9290 -</u> 9370	9298 Depth Tubing	9267
L	K	JI	OIL WELL TEST		bbls.oil.	bbi	le water in	hre	Choke min. Siże
м	N	0 P	Test After Aci	id or Fractur	e Treatment (aft	ter recover	ry of volume	of oil equ	
			GAS WELL TEST					<u> </u>	
Tubing ,	Casing and	Cementing Record	_		MCF/			Choke	Size
Size Feet San				e Treatment:			Day; Hours	flowed	
13 3/	8 37.	3 375	Choke Size						
8 5/	8 418;	5 1695			(Give amounts o				water, oil, and
5 1/	2 937	20 0			Date firs				
21/			Gas Transporte	r	d Corp. Abi				
Remarks			opened, acie	2000 mal.					
	••••••		· · · · · · · · · · · · · · · · · · ·	<u>, 7</u>	<u>م</u>				
			rmation given al						y
			COMMISSION		<u> </u>	(Co	mpany or Op	erator)	
		/	COMMISSION		/		(Signature)	
By:			•		Title Sen		nications re		ell to:
[itle	in li	nar of an aga₂ a			Name. Sun r	y Mid-(Continan	<u>t (11 Co</u>	
					Address 303	x 128, H	lobbs . N	m. Maxie	Q