CO OIL CONSERVATION COMMISS* N Santa Fe, New Mexico

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

Santa Fe, New MEXICO

REQUEST FOR (OIL) - (GAS) ALLOWABISED FFICE New Well

OCA 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 fired 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.

			I	les , v	Vell No	24 , i	n NW	SW 1/4
	npany or Op		m 17 -	(Lease)	n) (1	Weliemer		
Unit Let	Sec 107		, T, R	, NM	PM.,			Poo
L	OR.		County. Date Spu	dded 3-15-0	32	Date Drilling	Completed	3-26-62
	e indicate l		Elevation 41	15'	Total D	epth 4118	PBTD	4024'
			Top Oil/Gas Pay	3848'	Name of	Prod. Form.	Graybur	<u> </u>
D	C B	A	PRODUCING INTERVAL	-				9050 00
			Perforations 38	48-58. 39	06-10.	3916-20.	3930-34.	3970-80 3947-57
E	F G	H	Open Hole		Dante		Donas	
			Open Hole		Casing	Shoe ZOZZ	Iubing	3000
_	K J	I	OIL WELL TEST -					Choke
1	.		Natural Prod. Test:	NO bbls.	oil,	bbls water	inhrs,	
1			Test After Acid or	Fracture Treatme	ent (after	recovery of vol	ume of oil equa	al to volume of
М :	N O	P	load oil used):	6 bbls.cil.		bbls water in	24 hrs,	_min. Size_ 16
			GAS WELL TEST -					-
10 70	L 330'	PWI.						
			Natural Prod. Test	·	MCF/Day	; Hours flowed	Choke	Size
bing ,Cas	ing and Com	enting Reco	ord Method of Testing	(pitot, back pre	ssure, etc.):		
Size	Feet	Sax	Test After Acid or	Fracture Treatme	ent:		MCF/Day; Hours	flowed
5/8	297	200	Choke Size	Method of Test:	ing:			
0,0	201							
5 🖁	4024	350	Acid or Fracture Tr					
			sand): 30,000	gal refin	ed oll	. 60,000	lbs sand	·
2 3/8 3868			Casing Packer Press. Packer					
			Oil Transporter T	exas-New	Mexico	Pipe Lin	e Co.	
	<u> </u>		Gas Transporter	hillips P	etrole	um Compan	у	
	•						*****	•••••
marks:							••••	
marks:								
					1			•••••••••
	y certify th		ormation given above		nplete to t	he best of my l	nowledge.	••••••••••
I heret	y certify th		ormation given above		nplete to t	& Nichol	S	
I heret			, 19)	Boller	A Nichol	r Operator)	
I heret)	Boller	(Company o	r Operator)	
I heret			, 19	9 By:	Boller O.L.	A Nichol	r Operator)	
I heret			, 19	9 By:	Boller O.f. Supt.	(Company of Market Company of	S (Perator)	ell to:
I heret			, 19	9By:	Supt.	(Company of MIC Cus (Signal	r Operator) Chut ture) ns regarding w	ell to:
I heret			, 19	9By:	Supt.	(Company of Market Company of	r Operator) Chut ture) ns regarding w	ell to: