## NEW ? **VICO OIL CONSERVATION COMMI** ON 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 Manufacture of completion, 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.

WE ADE	UEDEDV	D F () ! P C T !		(Place)	*	(Date)
			NG AN ALLOWABLE FO			17 262 17
{ C	ompany or C	perator)	(Lease)			
Unit I	, Se etter	c2,3	, T. 15-6, R. 33E	, NMPM., Medici	ne Rook Orveni	Pool
Le	)&		County. Date Spudded	3/7/62 Date	Drilling Completed	5/12/32
	ase indicate		Elevation 3798.5 Ge	Total Depth	22 <b>81</b> 5 PBTD	
D	CE	A	Top Oil/Gas Pay 1977	Name of Frod.	Form. Berrentung	
]			PRODUCING INTERVAL -			
E	F G	Н	Perforations 32 981		32.822 Depth	
e	F	п	Open Hole	Depth Casing Shoe	Depth Tubing	
	V .		OIL WELL TEST -			
	K J	I	Natural Prod. Test:	bbls.oil,bb	ls water inhrs,	Choke min. Size
			Test After Acid or Fractur			
М	N O	P	load oil used):	bls.oil,bbls wa	eter in <u>21.</u> hrs,	Choke min. Size
			GAS WELL TEST -			
		·	Natural Prod. Test:	MCF/Day; Hour:	s flowedChoke	Size
Tubing ,Casing and Cementing Recor						
		Sax	Test After Acid or Fracture Treatment: MCF/Day; Hours flowed			
13 3/8	371	260	Choke SizeMethod of Testing:			
9 5/8'	4925	1800	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and			
5 1/2"	12845	300	sand): 10 coo Gale Acid 555 Bble 042 Casing Tubing Date first new Press. Sasled Press. 225 oil run to tanks 5/31/62			
			Oil Transporter Maio	-	3/31/02	
2"EUE	12804		Gas Transporter ·	•		
Remarks:		••••				
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• • • • • • • • • • • • • • • • • • • •	••••••				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
I here	by certify t	that the info	rmation given above is true	and complete to the best	of my knowledge.	
Approved	••••••	Ju	1962	JAKE L. HAMON	mpany or Operator)	
_				7	1 ( Desch	
0	IL CONSE	ERVATION	COMMISSION	Ву:	(Signature)	
Ву:	1/6			TitleChiefClerk		
			••••	Send Commu	inications regarding w	vell to:
Title				Name JAKE L. HAMO	<b></b>	
				511 Hidle AddressNidlend.	ni Savings Buil Taras	ding