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OPERATOR

NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWAPLE

HOEDS OFFICE OCC

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 Drice 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. New Merina November 13, 1962

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T AOF T	JEDEBY DE	APPETI	NIC ANI ATTOMA		(Place)	DIMBI AC.		(Date)
E ARE r Pon 4	narican Po	ge es in	ng an allowa B Corporation	State SL	WELL KNO	JWN AS:	. HZ	NE
(Co	mpany or Oper	ator)		(Lease)	., Well No	·····, 1	n	
4+4	Sec	7	., T 185	₹1	NMPM.,	ទី១៩២ ២១ ាង៖	ren (lint.)	Pool
Unit La								
	LAGA.	·····	County. Date S	pudded	, p 3 f m 2 5 m y	Date Drilling	Completed	43204
Pleas	se indicate loc	ation:	County Date Sp Elevation Top Oil/Gas Pay	291)	lotal	Depth	PBTD Queen	
D	C B	A 🙊	PRODUCING INTERV	AL -			3	
E	F G	Н	Perforations	4291-99	P/2 SPF Depth	1311	3 Depth	42231
	_		OIL WELL TEST -		Casing	Shoe	Tubing	Should .
L	K J	I		st:bb]	s.oil,	bbls water	in hrs,	Choke min. Size
м	N O	P	Test After Acid					qual to volume of Choke 32
			GAS WELL TEST -	bbls.oi	.1,	_bbls water in'_	firs,	min. Size
330	FN X 660	FE LL	net		van In		-	
(FOOTAGE)	B						Size
	ing and Cement Feet	Ang Necor	d Method of Testing	g (pitot, back p	ressure, etc.	.):		
	T		Test After Acid	or Fracture Trea	tment:	^	ACF/Day; Hours	flowed
13-3,	8n 332	375	Choke Size	Method cf Te	sting:			
14-1	2" 4343	320	Acid or Fracture					
3n	4223		Casing 3X	Tubing 100 Press.	Date first r _oil run to t	new tanks	862	
			Gil Transporter_	Terrassi	ow Merico	Tps Line	cospant.	
			Gas Transporter	derrium.	a ratrole	um Corporat	ion	
marks:								
	Rotary	to 174	5 - cabla tox	ols to TA.		A 1111 1 1	<u> </u>	111

I hereb	y certify that	the info	rmation given abov	ve is true and o	complete to t	he best of my k	nowledge.	poration
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OI	L CONSERV	ATION	COMMISSION	By:		(Signa	**************************************	
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