<u>D</u> ::	TRIBUTION		
BANTA FE			
FILE			
U. S. G. S.		+	
LAND OFFICE			
	OIL		
TRANSPORTER	GAS		
PRORATION OFFIC	E		
OPERATOR	••••		

## NEW MEXICO OIL CONSERVATION ( OMMISSION (Form C-104) Santa Fe, New Mexic.

## REQUEST FOR (OIL) - (GAS) ALLOWAPLE

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.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. Gas must be reported on 15.025 psia at 60° Fahrenheit.

	1 × 1 × 1 × 1 × 1 × 1			(Place)			(Date)
and relative of	31 0 0	f Teras. 1a11. Co	NG AN ALLOWABLE F 	, Well N		in	Y <b>4</b> Y4,
Unit L	stor , See	4	T	, NMPM.,	acom (	)	<b>P</b> ews,
			County. Date Spudded	<u>6-23-61</u>	Date Drillin	g Completed	7-20-61
	ise indicate	location:	Elevation () 1. 39 Top Oil/Gas Pay ()				
D	C B	A	PRODUCING INTERVAL -		e os ries. retm		1 <b>.</b>
E	F G	¥	Perforations <u>971-90</u>	<u>Coli-7);</u>	21-29; 3931-1	12: 95) 66 Depth	0
	V T		OIL WELL TEST -	Cas	ing snoe <u>9100</u>	lubing_	
L	K J	I	Natural Prod. Test:				
M	N O	P	Test After Acid or Fract				Choke
			GAS MELL TEST -	•			
501 B	L 4 6601 (FOOTAGE)	L	Natural Prod. Test:	MCF,	/Day; Hours flowed	Choke	Size
		enting Record	<b>d</b> Method of Testing (pitot	, back pressure,	etc.):		·
Size	Feet	Sax	Test After Acid or Fract	ure Treatment:	······	MCF/Day; Hours	flowed
13-3/	18 303	:375	Choke SizeMeth	od cf Testing:			
-5/	1 <b>31</b> 05	*1250	Acid or Fracture Treatme <u>sand</u> ):	nt (Give amounts o	of materials used,	such as acid,	water, oil, and
5-1/2	2 71.00	** 690	Gasing Tubing Press. <u>Dackor</u> Press.	Date firs	st new to tanks <u>7-20-</u> (	1	
2-3/8	<u>ि</u> श्व <b>ा</b> 0		Oil Transporter <u>Toras</u> Gas Transporter <b>Thill</b>			45	
marks*	inculate	ed cenant	to surface.		•		
**	.T.on	at De Love	oerature aurvoy at.	31/01.			
	<u>Acidi d</u>	porforat	ed i ternal with d	<u>00 mal. 15</u>	GL and A		
I here	by certify th	at the infor	mation given above is tr	ue and complete t	to the best of my h	nowledge.	: ivician
proved			<u>ed i ternal with af</u> mation given above is tri , 19.	Q	fornia (Company o	r,Operator)	·····
			COMMISSION	By:	t, ty (Signa	12 10 - Lo	ouland
·: (				Title	datrict net	neer	
tle		,		Ser stand Nameal	d Communication rd 11 o par 1 fornia 11	ns regarding w 19 OI Texas Oun <del>any</del>	ell to: , A vivisi n
					rawer " ". c		

Company or Operator Stand rd Oi of Salifornia Sil on	CERTIFIC TC FILE THE OF Company P Township 1º S	CATE OF TRANSP	PORT OIL A	W ME		E Well No. 14		
give location of tanks		E.		1 1e addre	13 S	35 12		
Authorized transporter of oil X or condensate Address (give address to which approved copy of this form is to be sent)   Texas iew exico if dine of dama If and the original of the line of the sent)								
			ected? Yes			-falis (		
Authorized transporter of casing head ga	is 🗶 or dry gas	Date Con nected	- Address (gin	e addre	ess to which approved copy	oj mis jorm is to be sentj		
thilling Scirolean onda	ny	7-29-	5 <b>1</b> a f	bless	ille, slabora			
REASON(S) FOR FILING (please check proper box)   New Well Change in Ownership   Change in Transporter (check one) Other (explain below)   Oil Dry Gas   Casing head gas Condensate.								
The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.								
OIL CONSERVATI	ON COMMISSION		By	$\mathbb{P}^{I}$	(			
Approved by Title Date	•		Company t	istr <sup>4</sup> anda lifo	ot ngineer rd Oil Commany o. rnia il company wer "S", onaban	f Texas, A division		
					-	-		