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NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe. New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWARLE

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-104 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. Can must be reported on 15.025 psia at 60° Fahrenheit.

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E ARE F	IEREBY R	EQUESTI	NG AN ALLOWABLE FOR A WELL KNOWN AS:	-~)
		=	ezas Vac at Unit, Well No. 5 , in St 1/4 WE	1/4
Divise	ep of ci	eldernia.	Oil Com any (Lease)	, •.
Unit Los	Sec	5	T 16.3 , R 35.5 , NMPM , /acoum (250)	Pool
Len			County. Date Spudded 2= Date Drilling Completed	61
	e indicate		Elevation 3949 1. Total Depth 9100 PBTD 906	4
			Top Oil/Gas Pay 1361 Name of Prod. Form. Abc	
D	C B	A	PRODUCING INTERVAL -	
E	F G	H	Perforations 8712-76 5781-8807 66:1-39 Depth Depth Depth	
		•	Open Hole Casing Shoe 91:0 Depth Tubing 8651	
L	KJ	I	OIL WELL TEST -	Chake
_	_		Natural Prod. Test: 202 bbls.oil, 0 bbls water in 24 hrs, - mi	in. Size 10/
			Test After Acid or Fracture Treatment (after recovery of volume of oil equal to	
M	N 0	P	load oil used): bbls.oil, bbls water in hrs, min. S	hoke Size
			GAS WELL TEST -	
80 FRL	& 660 Fr	T	Natural Prod. Test: MCF/Day; Hours flowed Choke Size	
	FOOTAGE)	enting Reco		
Sire	Feet	Sax		
			Test After Acid or Fracture Treatment: MCF/Day; Hours flowed	
13 3/8	304	350	Choke SizeMethod cf Testing:	
8 5/8	3276	1050	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water,	oil, and
		 	sand): (name) tad Unganya)	
5 1/2	9100	575	Casing Tubing Date first new Press. Press. 260 oil run to tanks	
			Cil Transporter Parmilan Congos (1911)	
2	365 1		Gas Transporter Facility Four Leur Con Gracion	
marks:	Tempera	mra Gari	vey ran after secting 5 3 casting happen top of usuant 0 32	
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			the state of the base of the b	
			rmation given above is true and complete to the best of my knowledge.	ny
proved		arch Zi	(Company or Operator)	
		114 TIÁS	COMMISSION CF (Intella)	
OII	CONSE	KVALION	COMMISSION By: (Signature) C. F. DW	yer
<i>Fi</i>	12.11	10.11	Title District Angineer	
· servifinha	san South	, S	Send Communications regarding well to:	
tle	• • • • • • • • • • • • • • • • • • • •	/	Name San are il con a l'acces	ompany
	//	/	Drawer "S" DOMANARS. TEXAS	