NEW Y VICO OIL CONSERVATION COMMITION Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well Recompletion

(Form C-104)

Revised 7/1/57

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 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.

				••		How Masch		May 31,	1960
WE ARE	HEREBY R	EOUEST	ING AN ALLOV	WABLE FOI	(Place) R A WELI	•	AS		(Date)
Indate	011 & 60	e Cempa	y Nate	Les 103		1 No. 3			/ #
(C	ompany or Op	erator)		(Lesse)	,	Broth	Ynenne D		4
Unit L	, Sec		, T 	, R	, NMPN	<i>A.</i> ,			Poo
Le	.	· · · · · • • • • • • • • • • • • • • •	County. Date	Spudded	3-36-60	Date	Drilling Co	mpleted	5-23-60
	se indicate		Elevation	3473	<u> </u>	Total Depth	11120	PBT D	
D	CB		Top Oil/Gas Pa	ay	, 	Name of Prod	Form.	PerronSint	
-			PRODUCING INTE						
			Perforations	11686-11	711				
E	F G	H	Open Hole			Depth Casing Shoe	11750	Depth Tubing	11765
			OIL WELL TEST						
L	K J	I	Natural Prod.	Test:	bbls.cil,	, b	bls water in	hrs.	Choke min. Size
									al to volume of
M	N O	P						•	Choke min. Size
	K		GAS WELL TEST						
100'	E/I & 330	2/8					c , ,		
tubing Ca	sing and Cem	anting Reco	_			-			Size
Size	Feet	Sax							
		1.00	Test After Aci					Day; Hours	tlowed
13-34	3497	100	Choke Size	Method	or resting:				
1-5/1		1100	Acid or Fractu	re Treatment	(Give amoun	ts of materia	ls used, suc	h as acid, w	water, oil, and
5-3/2		1.em/	sand):			finet now			
3-2/2	11790	475	Casing Press. 100						
1	21,785	The	Oil Transporte				no Compili	Y	<u> </u>
			Gas Transporte	. Pd114	ps Polan	Louis Comp			
lemarks:		••••••	•••••	•••••	•••••				••••••
			••••••••••••	•••••••			••••••	•••••••••••••••••	•••••••
			••••••					••••••••••••••••	
I here	by certify th	at the info	ormation given al	bove is true a			t of my know	vledge.	
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0	IL CONSEI	RVATION	COMMISSION		By:		A.J. h.A	:)	·····
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