NEW MEXICO OIL CONSERVATION COMMISSION 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 allow-able will be assigned effective 7:00 A.M. on date of completion for 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.

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|---------------------------|---------------------|---|--|
| WE ARE | HEREBY R | EQUEST | ING AN ALLOWABLE FOR A WELL KNOWN AS: |
| | | | (Lesse) |
| 7 | 7 | | , T ₁ , R <u>3</u> , NMPM., |
| ······· | ee | · · · • • • • • • • • • • • • • • • • • | ElevationTotal DepthPBTDPBTDPBTD |
| Please indicate location: | | | |
| D | C B | A | Top Oil/Gas PayLOG2Name of Prod. Form PRODUCING INTERVAL - |
| E | F G | H | Perforations homes 10 best 200 homes 100 Open Hole 10 10 Depth |
| L | K J | I | <u>OIL WELL TEST</u> - |
| | | | Choke Natural Prod. Test:bbls.oil,bbls water inhrs,min. Size |
| M | N O | P | Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke Choke Structure Dollary Dollar |
| | | | GAS WELL TEST - |
| ·=···· | | | Natural Prod. Test:MCF/Day; Hours flowedChoke Size |
| | ing and Ceme | _ | Method of Testing (pitot, back pressure, etc.): |
| Size | Feet | Sax | Test After Acid or Fracture Treatment:MCF/Day; Hours flowed |
| 8.5/: 10%9 30 | | | Choke SizeMethod of Testing: |
| 5 7 10 | 4067 | 0 P | Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and |
| | | <u></u> | sand): <u>173 890 Gel LecaBate Pirst new 0,900 # Wand</u> Casing Press. <u>150</u> oil run to tanks <u>So Acces 36 057</u> |
| | | | Cil Transporter |
| L | | | Gas Transporter |
| Remarks: | ••••••••••••••••••• | | • |
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| | | | rmation given above is true and complete to the best of my knowledge. |
| Approved | | | |
| OT | L CONSEP | VATION | COMMISSION By: <u>I Ungi</u> (Signature) |
| 01 | | | (Signature) |
| By: | ····· | | The Super- Send Communications regarding well to: |
| litle | | • | Send Communications regarding well to: |
| | •••••• | ••••• | Name |

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