NEW ! "YICO OIL CONSERVATION COMMI" ON Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE HOBBS OFFICE OCC 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 daring 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.

					(Place)	December 3, 196 (Date)		
E ARE	HEREBY I	REQUEST	ING AN ALLOW	ABLE FOR A	WELL KNO	WN AS:	•	
							n	
Vedt L	Se	c .22	, T 20s , 1	34E	NMPM.,	Iyneh	Po	
							Completed Nov. 25,	
Plea	se indicate	location:	Elevation	3003.3	Total De	pth	PBTD	
D	C B	A	Top Oil/Gas Pay_	3630	Name of	Prod. Form. 3	even Rivere	
j			PRODUCING INTERV	AL -				
2	P G	H	Perforations		Depth			
			Open Hole 36	30-3637	Casing S	hoe 3506	Depth Tubing 3624	
ī	KJ	I	OIL WELL TEST -			÷		
			Natural Prod. Te	st: <u>240</u> b	ols.oil, 0	bbls water i	n 24 hrs,min. Size	
1	N O	P	Test After Acid	or Fracture Tr	eatment (after re	ecovery of volu	me of oil equal to volume of	
K				bbls,	oi1,bi	bls water in _	Choke hrs,min. Size	
			GAS WELL TEST -					
			- Natural Prod. Tes	st:	MCF/Day;	Hours flowed	Choke Size	
bing ,Cas Sire	ing and Com	_	rd Method of Testing	(pitot, back	pressure, etc.):			
3137	Feet	Sax	Test After Acid o	or Fracture Tre	atment:	мс	F/Day; Hours flowed	
3 3/8	72	50	Choke Size	Method of T	esting:	 		
8 5/8	3-40	0.50	Acid or Fracture	Treatment (Giv	amounts of mat	erials used, su	uch as acid, water, oil, and	
<u> </u>	1308	350	sand): None			,	us acta, water, orr, and	
7	3505	450	Casing Press.	Tubing Press. 0	Date first new	ks Decemb	er 1, 1962	
			Oil Transporter	Terres - 1	les Verdes P	ine Line S	0	
		-						
narks:	Call	4 /						
	*****************	••••••		•••••••••	****************		•	
•••••	•••••••••		***************************************	***********	************************		*****	
I hereby	certify the	at the info	rmation given above	e is true and	complete to the	best of my kno	wledge.	
			, 1	_		Exploration	1.Co. The	
de-	2000	••• ——————————————————————————————————	2-1		دس، او	(Company or C	perator)	
ØIL CONSERVATION COMMISSION					By: (Signature)			
		1/	///	T:.	o Diwisia	,	m Superintendent	
			,		Send Cor	nmunications i	regarding well to:	
************	****************		•••••••••••••	Na	neDa.Ga.i	viebb		
					lease Dave 90°	W		

e de la companya della companya dell

and the second of the second o

PATER OF THE STATE OF THE STATE

en i de la companya della companya de la companya de la companya della companya d •

Section 18 Section 18

State of the state

and the second of the second o