NEW MªXICO OIL CONSERVATION COMMISªON Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (CAS) ALLOWABLE

New Well

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 curing 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.

		EQUESTI	Tee #4				AL.	, wr
Carre Carre	npany or Ope	Le closs	200 91	([, Well No	. f , in		4
W Con	npany or Ope	39	T 19-8	n 35-E	, NMPM.,	Pea	rl Oneen	,
Unit Lati	, 5ec. Her							
	***************		County. Date	Spudded	1-7-60 	Date Drilling pth 4980	Completed PBTD	1-20-60
Please	e indicate l	xation:			Name of			
0 (В	A	PRODUCING INTE	RVAL -	1' & 4949-51'			
<u> </u>	P G	H	Open Wale		Depth Casing S	hoe	Depth Tubing	1:0631
İ		0			Odding .	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
. 1	K J	I	OIL WELL TEST		15331	551a6aa 9		Ch
					bbls.oil,			
4	N O	P						Choke
. .		-	load oil used):bb.	ls,oil,	bls water in	hrs, _	min. Size 2
			GAS WELL TEST	-				
80' F	EL & 660	FEL	Natural Prod.	Test:	MCF/Day;	Hours flowed	Choke	Size
•	ing and Geme				ack pressure, etc.)			
Size	Feet	Sax	Test After Ac	id or Fracture	Treatment:	M.	CF/Day; Hours	flowed
3-5/8"	145:	100	Choke Size	Method	of Testing:	digilladingsminds off-yo (topo, give the Michaelment digital)		
1-1/2**	4977'	250	3		Give amounts of ma	_		_
- 400	1-4		sand):	,000 gals	Date first ne	11th 1/408	Accest to 8	1-29 5
2-3/8"	49631		Casing 3900- Press.	Press.	oil run to ta	nks febres	ry 1, 196	0
					ell Pipeline			
	1	l						
			🕶 Gas Transporte	er	gren Petrole	470		
narks ·		L	•			-		
narks:			•		rren Petrole	-		
narks:			•			-		
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I hereb	y certify th		ormation given a	above is true	and complete to th	e best of my ki	nowledge.	
I hereb	y certify th			above is true	and complete to th	e best of my kr	nowledge.	
······································	y certify th		ormation given a	above is true	and complete to th	e best of my ki	nowledge. Properties Operator)	
I hereb	y certify th	at the info	ormation given a	above is true :	and complete to th	e best of my ki	nowledge. Pore (i or Operator)	
I hereb	y certify th	at the info	ormation given a	above is true :	and complete to th	e best of my king the state of	nowledge. Proportion Operator) Colorator	ull
I hereb	y certify th	at the info	ormation given a	above is true :	and complete to the	e best of my ka Sulf 011 Ge (Company or)21 (Signal	owledge. Operator) Colorator	ull L
I hereb	y certify th	at the info	ormation given a	above is true :	TitleSend C	e best of my king the state of	Operator) Constant Saperating v	to vell to:
I hereb	y certify th	at the info	ormation given a	above is true :	Title Send C	e best of my kind of the company or Company or Signal Area Production ommunication Galf C11 C	operator) Comporation Comporation Comporation Comporation Comporation Comporation	vell to:
I hereb	y certify th	at the info	ormation given a	above is true :	Title Send C	e best of my king the state of	operator) Comporation Comporation Comporation Comporation Comporation Comporation	vell to: