NUMBER OF COP & RECEIVED FILE U.S.G.S. LAND OFFICE OIL TRANSPORTER GA5 PRORATION OFFICE

HEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexic

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

REQUEST FOR (COME) - (GAS) ALLOWARLE

1950	SEP	2	PM	2 4	58	Recompleted

OPERATOR This form small he submatted 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

		CK tanks.	<u></u>	be reported on 15.025 psia at	TODOS WANTER	o S	ept. 2,	1960 (Date)	
					(Place)			(Date)	
ARE	HERE	BY REC	UESTIN	G AN ALLOWABLE FOR	A WELL KNOWN AS	S :	.	a p	.,
hilf	011 0	erpore	tion	J. F. Janda (NCT	(1), Well No13	, i n	SB/4.	AA	.1/4,
	ompany	or Oper	itor)	(Lease)		3A		Ţ	امدو
P		, Sec	<u> </u>	T22-S, R36-E.	, NMPM.,	THE			
Unit 1	Letter			111	Date Dually Compl	leted O~∠ rilling Compl	⇔DU ≞ted		
		Le	A	County. Date Spudded	Total Depth		PBTD	38751	
		dicate loc		Top 32 /Gas Pay 3215!					
		T B 1		Top Mar /Gas Pay 3215	Name of 11000				
P	C	В	A	PRODUCING INTERVAL -		3520-221,	3565-6	671 & 36	05
į				Perforations 3215-171	3286-881, 3338-li0	3362-6	4.311	3-12'	
E	F	G	H	Open Hole	Depth Casing Shoe		Depth Tubing_	38201#	
-	-	-		Open Hole	Castrig Give	 			
[L		OIL WELL TEST -				Ch	noke
L	K	J	1 7	Natural Prod. Test:	bbls.oil,bbl	s water in	hrs,_	min. Si	i ze_
- 1				Test After Acid or Fracture	Treatment (after recover	y of volume o	f oil equa	al to volume	e o:
	- 3+	 		Test After ACIG or Fracture	LEA.	tor in	hrs.	Choke min. Size	
M	N	0	P	load oil used):bk	ols, oil,bbis wa	Irei III			
		1	°	GAS WELL TEST -					
			<u> </u>		MCF/Dav: Hour	s flowed	Choke :	Size	_
							.—	•	_
bing ,	Casing	and Cemer	ting Recor	Method of Testing (pitot,	back pressure, etc./:		Vous	flowed)].
Size		Feet	Sax	Test After Acid or Fractur	e Treatment:	MLT/Da	y; nours		-
				Choke Size 33/61 Method	of Testing: Orific	well too	ter		_
8-5/	8*	401	325	Acid or Fracture Treatment					
.	/a =	20104	1000	Acid or Fracture Treatment	(Give amounts or materia		-De		
<u>5-1/</u>	2=	38791	TOO	sand): 16,000 gala re	1. at 1. 1/10# Ador	rite & 3#	STU.		
2-3/	/R#	38201		sand): 16.000 File Tubing Subing Press. Press.	oil run to tanks_				
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		11699	COO CAT				
				Oil Transporter		0-			
				Gas Transporter	en Besin Fipeline	_LIQ			
	s:#	Product	ng thru	Gas Transporter	36251				
mark		ally C	mpleted	(DC-882). Other son	e is South Bunice	•			••••
mark	The		dans ann dan de de de					•	••••
mark	Do				-		1 1		
	Do				and complete to the bes	t of my know	ileage.		
	Do		at the inf	ormation given above is true	e and complete to the bes	ot of my know	leage. Intion		
I h	D n	certify th		formation given above is true	e and complete to the bes	of my know Oil Corpor Company or O	leage. letion erator)		
I b	Da nereby ed	certify th	;·····(} <i>(</i>)	1960	e and complete to the bes	O11 Corpor	leage. letion erator)	<u></u>	
I h	Da nereby ed	certify th	;·····(} <i>(</i>)	1960	By:	O11 Corpor Company or Of (Signature	erator)		
I h	Da nereby ed	certify th	;·····(} <i>(</i>)	ormation given above is true 1960 N COMMISSION	Ву:	Company or Office (Signature	erator) asel)		
I h	Da nereby ed	certify th	;·····(} <i>(</i>)	1960	Ву:	(Signature	erator) asel Manas		
I h	Da nereby ed	certify th	;·····(} <i>(</i>)	1960	By:Area Send Comr	(Signature	erator) a Stl) n Managegarding		
I h	Da nereby ed	certify th	;·····(} <i>(</i>)	1960	By:Area Send Comr	(Signature	erator) a Stl) n Managegarding		