NEW ! CICO OIL CONSERVATION COMMI ON Santa Fe, New Mexico HOBBS OFFICE OCC

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

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 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.

					Rosvell, H	ew Mexico	April .	12, 1962 (Date)
			NG AN ALLOW		R A WELL K			
hn H.	rigg mpany or C	Fed	leral "WL"	/I assa)	, Well No	3-26	, in SE	1/4 SE 1/4
(Cc	mpany or C Se	26	T 238	R 32E	NMPM	Triste	Draw	Poc
TIME LA	áter -							
.			County. Date S	Spudded	J= 40= 02	Date Dr	Hilling Complete	1 4-4-06
Plea	se indicate	location:					144 PI	_
D	C B	A				e or Prod. re	orm.	e Sandstone
Ì			PRODUCING INTER					•
E	F G	H	Perforations	5071 -	- >073	th	De p	
"	- "		Open Hole		Cas	ing Shoe	140 Tub	ing 5069
			OIL WELL TEST -					Challa
L	K J	I	Natural Prod. T	est: 54	bbls.oil,	lo bbls	water in 24	cnoke nrs, <u> </u>
İ			Test After Acid	or Fractur	e Treatment (af	ter recovery	of volume of oi	l equal to volume of
M	N O	P	load oil used):	b	bls.oil,	bbls wate	er in'hrs,	Choke min. Size
Ì	l		GAS WELL TEST -					
	<u> </u>				LOT.	/D	£3 d	hoke Size
	4 4-3 00							
ubing ,Ca. Sire	sing and we Feet	menting Recor						
			- i					ours flowed
8 5/8	360	260	Choke Size	Method	of Testing:			
			Acid or Fractur	e Treatment	(Give amounts	of materials	used, such as a	cid, water, oil, and
4 1/2	5140	100	sand):				_ <u> </u>	
2 ⁿ	5069		Casing 600	Tubing Press.	Date fir	st new to tanks	ril 9, 1962	
	1 3007		Oil Transporter					
	_		Gas Transporter					
amaske:								
ciliai ks		******	1.		1	/ <u> </u>		
					, ,	<u>/</u>	<u> </u>	
			ormation given ab		and complete	to the best o	f my knowledge	
pproved		• • • • • • • • • • • • • • • • • • • •		, 19		, (Com	pany or Operator) (
~	II CONTO	EDVATION	COMMISSION		Bv:	An	110,	99
	IL CONS	EKVALION	COMMISSION		<i>រ</i> ាំ ្ត្រ		(Signature)	
64	7				Title.	wner	•••••	<u>, , , , , , , , , , , , , , , , , , </u>
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tle	<i></i>				Name	ohn II. T	rigg	_
							£30 Pan-	1. New Mexico