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BANTA FI	=	
FILE		
U.S.G.S.	_	
LAND OF FI	01L	
TRANSPOR	GAS	
PROPATIC	L	<u> </u>
OPFRATC		L

TW MEXICO OIL CONSERVATIC COMMISSION (Form C-104) Santa Fe, New Mexico

REQUEST FOR TOTAL - (GAS) ALLOWAREE.c.c.

Jan 3 27 Recompletion

Form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form 104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowform 104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowform 104 is to be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar able il be assigned effective 7:00 A.M. on date of completion date shall be that date in the case of an oil well when new oil is delivmor of completion or recompletio. The completion date shall be that date in the case of an oil well when new oil is delivmor of completion date shall be that 60° Fahrenheit.

		OUTESTIN		(Date) RF
ARE HE	EREBY RE 401 011	Compai	NG AN ALLOWABLE FOR A WELL KNOWN AS: Farney A-5 (Lease) NE (Lease)	
CLIEIA (Com	pany or Oper	ator)	(Lease) , T. 23-S, R. 36-E, NMPM., Jalmat	Poo
I Lotte	, Sec	5	, T, R. <u>JO-1</u> , NMPM.,	-
Lea	-		County. Date Spudded	70
Please	indicate lo	cation:	County. Date Spudded. Elevation 3488 DF Total Depth PBTD Top Ort/Gas Pay 3300 Name of Fred. Form. Yates-Seven	Rivers
	В	A		
			PRODUCING INTERVAL - Perforations 3327-48, 3364-3408, 3438-64' Depth 3647 Depth 3	
	P G	H	Perforations	450
	K J	+	CIL WELL TEST - Natural Prod. Test:bols.oil,bbls water inhrs,	Chok min. Size
		X	Natural Prod. Test:bbls.oll,berg Meter in Test After Acid or Fracture Treatment (after recovery of volume of oil equal	to volume o
<u>y</u>	N O	+ p-1	Test After Acid or Fracture Treatment (after Teoble), and bill used):bbls.oil,bbls water inbrs,m	Choke in. Size
			GAS WELL TEST - 434 MCF/Day: Hours flowed 24 Choke Si	29/ 64
/	660			
/	FOOTAGE) ing and Come	nting Reco	ord wathod of Testing (pitot, back pressure, etc.):	
/	FONTACES		ord Method of Testing (pitot, back pressure, etc.):MCF/Day; Hours fl	
(bing ,Cas Sur	FODTAGE) ing and Come Feet	nting Reco	ord Method of Testing (pitot, back pressure, etc.); Test After Acid or Fracture Treatment; MCF/Day; Hours fl Choke Size Method of Testing;	owed
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