## NEW M .CO OIL CONSERVATION COMMIS: N Santa Fe, New Mexico

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

## REQUEST FOR (OIL) - (CAE), ALLOWABLE

## Manachian

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.

|          |              |              | (Place)   |                      |                 |                     |             |               |                                 | (Date)                                  |  |
|----------|--------------|--------------|---|----------------------|-----------------|---------------------|-------------|---------------|---------------------------------|---|--|
|          |              |              | IG AN ALLO  |                      |                 |                     |             |               |                                 |   |  |
|          |              |              |   | . Brunson<br>(Lease) | <b>C,</b> Well  | No                  | .4          | ., i <b>n</b> |                                 | 4 <b>SE</b> <sup>1</sup> /4,            |  |
| J        | , Sec.       |              | , Т <b>225</b>  | ., R <b>37</b>       | <b>E</b> , NMPM | <b>ſ</b> .,         | Bline       | bcy.          |                                 | Pool                                    |  |
| Unit Let |              |              | Course Do   | Re                   | 12-12-6         | <b>1</b> I          | nte Drilli  | ing Ca        | nleted                          | 12-23-63                                |  |
|          | e indicate k |              | Elevation   | 3403                 |                 | Total Dep           | tr65        | 61            | PBTD                            |   |  |
|          |              | <del></del>  | Top Oil/Gas #   | Pay <b>579</b>       | 3               | Name of P:          | red. Form.  | <u></u> B1    | inebry.                         | ·                                       |  |
| D C      | CB           | A            | PRODUCING INT   | TERVAL -             |                 |                     |             |               |                                 |   |  |
|          |              |              | Perforations  | 5790-58              | 20, 5823-       | 5830, 5             | 138-584     | 2             |                                 |   |  |
|          | FG.          | H            | Open Hole   |                      |                 | Depth<br>Casing Sho | CE647       | 5             | Depth<br>Tubing                 | 5800                                    |  |
|          |              | <u></u>      | OIL WELL TEST   | <u>-</u>             |                 |                     |             | •             |                                 |   |  |
|          | K J          | I            | Natural Prod.   | . Test:              | bbls.oil,       |                     | bbls wate   | er in         | hrs,                            | Choke<br>min. Size                      |  |
|          | 0            |              | Test After Ad   | cid or Fractu        | re Treatment    | (after re           | covery of a | volume        | of oil equ                      | al to volume of                         |  |
|          | NO           | Р            | load oil used   | d): <u>60</u>        | bbls.oil,       | 0bb                 | ls water in | 24            | hrs,                            | Choke<br>                               |  |
|          |              |              | GAS WELL TEST   | <u>r</u> -           |                 |                     |             |               |                                 |   |  |
|          |              |              | Natural Prod.   | -<br>. Test:         |                 | MCF/Day; 1          | Hours flow  | ed            | Choke                           | Size                                    |  |
| ing Cas  | ing and Ceme | nting Recor  |   | -                    |                 |                     |             |               |                                 | 1.1                                     |  |
| Size     | Feet         | Sax          | Test After Acid or Fracture Treatment:MCF/Day; Hours flowed |                      |                 |                     |             |               |                                 |   |  |
|          |              |              |   |                      | d of Testing:   |                     |             |               |                                 |   |  |
| 13 3/    | 293          |              | -   | Treatman             | t (Give amoun   | te of mate          | erials used | i. suci       | n as acid.                      | water, oil, and                         |  |
| 8 5/8"   | 2800         | 500          |   |                      | , and f         |                     |             |               |                                 |   |  |
| el.      | 6466.67      | 350          | Casing  | Tubing<br>Press      | Date            | first new           | · 12-       | 23-6          | 3                               |   |  |
| 51*      | 0490.01      | <u> </u>     |   |                      |                 |                     |             |               |                                 |   |  |
| 14.      | 5800         | set          | Gas Transport   |                      |                 |                     |             |               |                                 |   |  |
| narks:   | -            |              |   |                      |                 |                     |             |               | ••••••••••••••••••••••••••••••• | ••••••••••••••••••••••••••••••••••••••  |  |
|          |              |              | - n (<br>   | <u> </u>             | 11.1            | · · ·               |             |               |                                 |   |  |
|          |              | i j          |   | _//                  | ••••            |                     |             | <del>.</del>  |                                 | ••••••••••••••••••••••••••••••••••••••• |  |
| I hereb  | y certify th | at the info  | rmation given   | above is tru         | e and comple    | ete to the          | cest of my  | y knov        | vledge.                         |   |  |
| proved   |              | <b>ry</b> 18 |   | , 19 <b>64</b>       |                 | ities 9             | (Company    | 011.<br>or O  | Cop                             |   |  |
| OI       | L CONSER     | VATION       | COMMISSIO   | N                    | Ву:С            | 26-17               | lee Tril    | mature        | :)                              |   |  |
| 70       | 2            |              |   |                      | Title D         | istrict             | . Clerk     |               |                                 |   |  |
| ·        |              |              |   | ,                    |                 | Send Co             | mmunicat    | ions r        | egarding w                      | ell to:                                 |  |
| e        |              |              |   |                      | Name            | <b>e.</b> y. )      | filder      | •••••         |                                 |   |  |
|          |              |              |   |                      |                 |                     |             |               | nr Hextle                       |   |  |