011	TRIBUTION	
SANTA FE		
PILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL GÁS	
PRORATION OFFIC	CE I	
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION (Form C-104) Santa Fe, New Mexi

REQUEST FOR (GAS) ALLOWABLE

SEP 24 3 37 PM '63

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)	<u>rico</u>	September.	2 b, 1953 (Date)
E ARE	E HER	EBY RE	QUESTI	NG AN ALLOW	ABLE FO	K A WELL KNO	WN AS:		
	~				(Lease)	, Well No			
B		, Sec	36	., T. 22-8	R. 37-1	E , NMPM.,	Blf.melor.	r Ges	Poc
Unit	Lotter						Date		9-20-63
			cation:	Flountion		Total De	epth 80	PBTD_	5938
	lease in			Top Gas Pay	5491	Name of	Prod. Form.	Blindery	
D	C	B ●	•	PRODUCING INTER					
				Perforations	5492. 5	538. 5584. 562 Depth	. 566 0,	5766 & 581	21
E	F	G	H	Open Hole		Casing	Shoe	Tubing	
				OIL WELL TEST	-				Chok
L	K	J	I	Natural Prod.	Test:	bbls.oil,	bbls wate	r inhrs	
						re Treatment (after			Lnore
M	N	0	P	load oil used)	:	obls.oil,	bbls water in	hrs,	min. Size
				GAS WELL TEST					
h 730	. 107	5 TEL		Natural Prod.	Test:	MCF/Day	; Hours flowe	edChok	e Size
Lubing	Casing,	AGE) and Ceme	nting Reco			back pressure, etc.			
Sire		Feet	Sax			re Treatment: 273			
13-3	/81	269	300	Choke Size	Metho	d of Testing:	Cylticel	TION PROT	
				Acid or Fractu	re Treatmen	t (Give amounts of m	aterials used	, such as acid	, water, oil, an
<u>وسو</u>	5/84 1	1980	2300	sand): 500	<u></u>	Dete Sinet 1	oui	1 50 1	29
	74	7 942	800	Casing Press		oil run to t	anks and		
						Pipeline Car			
2-3	/8m	<u>111</u>		Gas Transporte	r_North	arro Matarrol Ge	La_Compay		
Remark	s:					ny Ges Zone.		•••••••	
Abaı	ndome	d Paddi						*****	
	•••••				••••••	and complete to t	he best of m	v knowledge.	
		certify th	at the in	formation given a	10	e and complete to t Gulf	911 Cerpe	ntion	
Approv	ed		•••••	i k	, 19	ÂC.		or Operator)	
	011	CONSE		N COMMISSIO	N	Ву:	IKUCK	anature)	······
		7 ~1				A	, - ,	n Managar	
Ву:	<u>[]</u>					Send	Communicat	tions regarding	well to:
 Title	1	ar i Ar _{ar}				Name. Oulf	OLI Cerps	retion	-