NL #DER OF COP. -S RECEIVED DISTRIBUTION SANY A FC FILE U.S.G.S. LANG OFFICE TRANSPORTER GAS PRONATION OFFICE OPERATOR

NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexi

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

REQUEST FOR (OIL) - (DAS) & ALLOWARLE

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JAH	15	1	1. ~	5	•	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. Can must be reported on 15.025 psia at 60° Fahrenheit.

					Hobbs No (Place)	w Mexico	<u></u>	(Date)	196
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bilf 011	npany or O	tion	Scartoro	agh Estate	, Well No	8	, in NV	1/4 SN	1/4,
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Pleas	e indicate	location:			Total [
D	C B	A	PRODUCING INT		Name of	Prod. Form.	BITMEDIA		
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E	F G	H	_		Depth Casing		99 Depth Tubing	55621	
			OIL WELL TEST	•	-				
	K J	I	Natural Prod.	Test:	bbls.oil,	bbls wate	er in hrs.	Che min. Si:	oke ze
			Test After Ac	id or Fracture	Treatment (after	recovery of w	olume of oil er	oual to volume	of.
MN	0	P	load oil used): 80 bb:	ls,oil, 8	bbls water in	24 hrs,	Choke min. Size	25/6
			GAS WELL TEST					_	
30 PSL	A 11 6	SO FUL	Natural Prod	Test	MCF/Day	. 11			
iling Casi	OUTAGE) ng and Come	nting Reco			ack pressure, etc.				_
Size	Feet	Sax			Treatment:				
			1		of Testing:		_MCF/Day; Hours	s flowed	—
<u>9-5/8°</u>	1214	650		ine criod (Trescring.				
7"	7889	870	Acid or Eracti	re Treatment (Give amounts of ma	terials used	such as acid,	water, oil, a	nd
2-3/8*	5562		Casing	Tubing	Date first ne	ew.	1 to 3	# 870	
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I hereby	certify th	at the info	rmation given a	hove is true a	nd complete to th	e hest of my	knowledge	•••••••	•••••
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