VICO OIL CONSERVATION COMMI Santa Fe, New Mexico

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

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 daying 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.

1	<i></i>				1	(Place)	r Mexico	Se	ptember 29	
A'F AQ	F HERE	ERY REC	DUESTI	NG AN ALLOWAE	BLE FOR	, ,	IOWN AS:		(Date)	
			-	ution State				, in NE/	1/4 NE/	1/4,
	(Company	y or Opera	Ltor)		(Lease)					
	Letter	, Sec#		, T. 23–3 , R.	3900	., NMPM.,			•••••••••••••••••••••••••••••••••••••••	Pool
	Lea			County. Date Spi	udded		Date Dri	lling Complete	d 3-5-54	.
	Please inc	licate loc		Elevation	7' D.J.	Total	Depth	001	PBTD	
D	C	В	A	Top Oil/Gas Pay		Name	of Prod. For	m. Adversor	AARI VIVAE	
E	F	G	•#5	Perforations 2	5'-2660	29951-9	100', 315	0'-3175'	32351-3260 oth	<u>)</u>
æ	~			Open Hole	,-40,	Casin	g Shoe	Tul	bing	
		on 36		OIL WELL TEST -			•			.
L	K	J	I	Natural Prod. Test	t:	bbls.oil,	bbls w	ater in	hrs,min.	Choke Size
M	N	0	P	Test After Acid or load oil used):					Cho	ke
			İ				DDIS Water		,	
	L			GAS WELL TEST -						_
				. Natural Prod. Test	_				_	
Tubing Sin	_	ind Gement Feet	ing Recor			•				
313	- 1			Test After Acid or				MCF/Day; 1	Hours flowed	
8-5/	* :	3071	225	Choke Size	Method of	f Testing:				
5-1/	20 2	L851	500	Acid or Fracture T	Treatment (G	ive amounts of	materials u	sed, such as a	cid, water, oi	l, and
<i>y</i>			,,,,,	sand): 15,000	gal. re	Cined oil	4 15,000	1bs. 20-4	O sand.	
				Casing T Press. P	Tubing Press•	Date first oil run to	tanks			
				Oil Transporter G						
				Gas Transporter	Permian I	Bagin P.L.	Company			
Remark	. Net	01 700 0	nneetic	on after workey					************	•••
				***************************************						•••••
				***************************************					**************************************	·····
I h	ereby ce	rtify that	the info	rmation given above	e is true ar	nd complete to	the best of	my knowledg	e.	
Approve			2 19	1 1	9		Petroleu	n Corpora	Lon	
••		NOV	,			R		any or Operato	r)	
	OIL C	ONSERV	/ATIØN	COMMISSION	12	By:/\	<u> </u>	Signature)		· ·····
	11	1/2 1	4///	4/11/11	()	Inst.	Dist. S	•		
}у: 	L. J.	L. L.A	1	f		I Itle		ations regard	ing well to:	
itle Engineer District I						Name Amerada Petroleum Corporation				
						Bez	706. Bun	ico, New 1	Kesci.ee	
						Address Bear	706, Dan	ice, New 1	ferci es	