NEW 'XICO OIL CONSERVATION COMM' Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABER FICE OCCRecompletion

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 mas sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed onlying 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)	or Mentoe .	Boys	ambar 18	(Date)	• • • • •
			-		OWABLE FO				.,		
	Compan	y or Oper	ator)	a Property.	(Lease)	, Well N	0	, ın	# /4		. /4
	D	, Sec	22	., т 23	, R. 37	, NMPM.,	Undoalg	nated(La	nglio-in	htis)*	,00
1	Lan			County. D	Date Spudded	M25/59	Date Dr	illing Comp	leted 9	/10/77	
Please indicate location:				Elevation_	3256.7 GL	Tot	tal Depth	78 -	PBTD	449	
D	С	В	A	Top Oil/Gas	s Pay 3695 INTERVAL -	Nan	me of Prod. Fo	rm. Passe			
E	F	G	H		ns 3595-3599	The Det	otn "		Depth		
<u>_</u>	V	 		OIL WELL TE	EST -		sing Shoe	 	_Tubing	Chi	
L	K	J	I		od. Test:					min. Si	ze
M	N	0	P	load oil us	sed):t					Choke	
		<u> </u>	<u> </u>	GAS WELL TE	EST -	•					
			Sp B		od. Test:	MCI	F/Day; Hours f	lowed	Choke Siz	:e	
	•		ting Recor		Testing (pitot,						
Size		Feet	SAX	Test After	Acid or Fractur	re Treatment:		MCF/Da	y; Hours flo	owed	
10-	3/4- 5	124°	225	Choke Size	Method	d of Testing:		i.			
				Acid or Fra	acture Treatment	(Give amounts	of materials	used, such a	as acid, wat	er, oil, a	a no
<u> 5-</u>	3/300 5	10,77	years gal	Mind):	Tubing Press	Date fi	st new	i de inj	rete 22	- 44	K.
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Ιh	ereby co	ertify tha	t the info	ormation give	en above is true	e and complete	to the best of	f my knowle	edge.		
pprove	ed				, 19	•	(Com	pany or Oper	rator)		
	OIL C	ONSER	VATION	COMMISSI	ION	Ву:	() Co Co Co Co	(Signature)			
y:		ő.	465	1/146		Title Se	end Commun	ications reg	arding well	to:	
itle	*******	***********		`							
					•	Name 011	Magair and	Box 763		14 Alig	