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NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (CAS) ALLOWAPLE

New Well

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.

u onno u	ne stock tank	s. Va. IIIus	it be reported on 15.02	Midland, Tours	October 5, 1986
				(Place)	(Date)
E ARE F	HEREBY RE	-		E FOR A WELL KNOWN AS:	
ر دوسوا				, Well No	, in 1/4 1/2
(Co	mpany or Ope	rator)		Lesse) NMPM., Parisons	Columns Po
Unit Le	,, Sec		, I		
E _N B.		····	County. Date Spud		ng Completed
Plea	se indicate lo	cation:	***	. Total Depth	
D	СВ	TA	Top Oil/Gas Pay	Name of Prod. Form.	
		"	PRODUCING INTERVAL -		
_		 	Perforations	S' to 1665' A from 1668' to	¿466 ¹
E	F G	H	Open Hole	Depth Casing Shoe	Tubing
			OIL WELL TEST -		• .
L	K J	I	Natural Prod. Test:	bbls.oil,bbls wate	Chok er in hrs. min. Siże
				Fracture Treatment (after recovery of	
M	N O	P		bbls,oil, bbls water in	
į				DDI3(011)	
			GAS WELL TEST -		
	FOOTAGE)		_	MCF/Day; Hours flow	
ubing Casing and Comenting Record			- '	pitot, back pressure, etc.):	
Size Feet Sax			Test After Acid or I	Fracture Treatment:	MCF/Day; Hours flowed
8-4/A 373-300			Choke Size	Method of Testing:	
		فستعق	Acid or Fracture Tre	eatment (Give amounts of materials used	i, such as acid, water, oil, an
\$-1/3	30,4	-	sand):		
1-1/1	164.9		Casing Press. Press.	Date first new oil run to tanks	Market 18, 1961
				The Permiss Corporation	ber 320 Millerd, No.
		ı <u>-</u> -	Gas Transporter		
emarks:			Gds fransporcer		
					FGIRI F
		•			LUIULL

I here	by cartify the	at the info	rmation given above	is true and complete to the best of my	y knowledge.
				is true and complete to the best of m	•••••
			ormation given above		v or Operator)
pproved			, 19.	By: SM Dis	or Operator)
pproved				By: SM Dis	•••••••••••••••••••••••••••••••••••••••
proved			, 19.	By: SM Drs. (Company) (Signature) (Signature)	or Operator) (Mariana) (Mariana)
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