NEW N ICO OIL CONSERVATION COMMIS ON Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well 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)	
		_		OR A WELL KNOWN AS:	
	mpany or O		Carlson (Lese)	4 , Well No, i	n
	• •	•	•	, NMPM., Justia Pussel	JAN P
Unit La	tter	-			
				4-6-59 Date Drilling	
Please indicate location:		location:		Total Depth	
D	C B	A	Top Oil/Gas Pay 6892	Name of Prod. Form.	Preselven
		-	PRODUCING INTERVAL -	•	
			Perforations 680		6 952
E	F G	H	<u>'</u>	Depth Casing Shoe 77008	Depth Tubing
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L	K J	I	OIL WELL TEST -		Cho
-	_ _		Natural Prod. Test: 8	bbls.oil, bbls water	
		Y	Test After Acid or Fractu	re Treatment (after recovery of vol	lume of oil equal to volume
М	N O	P	load oil used) a so 46	bbls.oil,bbls water in _	Choke hrs. 0 min. Size 1
		!	GAS WELL TEST -		
9901	FEL & 23	10' PEL	Natural Prod. Test:	MCF/Day; Hours flowed	Choke Size
		menting Reco			
Size	Feet	Sax		back pressure, etc.):	
		1	Test After Acid or Fractu	re Treatment:	MCF/Day; Hours flowed
		500	Choke Size Method	d of Testing:	
13 3/	577	500		t (Give amounts of materials used,	such as acid water oil a
9 5/8	3278	1/100			such as actu, water, orr, a
-			sand):	Date first new	
-10	7908	630	Press. Press.	oil run to tanks Trunc 1	1, 1959
+	1500	1	Cil Transporter	ns-Nov Monico Pipo Line (·
	1				
			Gas Transporter	AND DESCRIPTION OF THE PARTY OF	
marks:		••••	***************************************		***************************************
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T band	har aameifa i	shae eha inf	armation given above is true	e and complete to the best of my k	nowledge.
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proved		16 ,	, 19 59	(Company o	r Operator)
		, y		- Lim	any
O 1	IL CONSI	ERVATION	F COMMISSION	By:	ture)
	17			(Signa	<i>'</i>
		TU/0	JAM JAM	Titlepistriet-Engineer	ns regarding well to:
		1		Send Communication	ns regarding wen to.
le			***************************************	Name La E. Foster	*****
					4
				AddressBox196,Midlan	L ₂ TC333

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