IICO OIL CONSERVATION COMMIS DN Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

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.

					(Place)	Tetras		(Date)
				OWABLE FOR			***	
, C				State (Lease)				
1.00.	Sec	25	т. 25-	6, R37-3	NMPM	didds (s	entoya)	Pc
Unit Lat	ter							
Let	<u></u>		County. D	ate Spudded. 10	-16-58	Date Drilling	Completed	.12-2-58
Please	e indicate	location:	Elevation_	3079 197	Total	Depth 0.50	PBTD	0111
D C	C EB	T A	Top Oil/Gas	s Pay 6810	Name o	f Prod. Form.	en ola	431
		A	PRODUCING 1	INTERVAL -				
			Perforation	ns 6822-63				
E	F G	H			Depth Casing	Shoe 8908.86	Depth Tubing	6770.34
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L	KJ	Ī	OIL WELL TE	<u> </u>				Cho
~ '	" "		Natural Pro	od. Test:	_bbls.oil,	bbls water i	nhrs,	min. Siz
1		<u> </u>	Test After	Acid or Fracture	Treatment (after	recovery of volu	me of oil equa	al to volume
М	N O	P	load oil us	sed): 102 bbl	ls,oil, 1.55	_bbls water in	6 hrs, 0	Choke _minSize3
			i			_		
			GAS WELL TI					
			Natural Pro	od. Test:	MCF/Da	y; Hours flowed _	Choke	Size
bing ,Cas	ing and Cer	enting Reco	ord Method of	Testing (pitot, b	ack pressure, etc	.):		
Size	Feet	Sax		Acid or Fracture	Treatment:	MC	: F/Day; Hours	flowed
			7	Method o				
3-3/8	573.21	575						
0 -/4		7.000	Acid or Fra	acture Treatment (Give amounts of	materials used, s	uch as acid, v	water, oil, a
0-5/0	3335.88	1200	sand): 10	00 gallens l	5% mnd said			
	8298.86	210	Casing Press. Too	Tubing Press	Date first	new tanks	mher 21	10KR
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				orter Unitary				
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					Jan Sandard	and the state of t	and all and finding	JGXL
I hereb	y certify t	hat the in	formation give	en above is true a	and complete to	the best of my kn	owledge.	
				, 19		Atlantic Ref	ining Com	
Proved					120	(Company or	Operator)	-
0 1	I. CONSI	RVATIO	N-EOMMISS	ION	By:	Class	••••••	l.A. Garr.
O1	T 001391	MVA 110	S. COMMISSO			(Signate	ric)	
. //	W, C	1/120	apre lu		Title Distr	let Superint	mdent	
·	andender for	(Send	Communications	regarding w	ell to:
tle				**********		Atlantic Ref	ining Com	1611Y
					Name			
					Address P.A.	Per 1038	Denwar C1	tr. Terrs