NEW! AICO OIL CONSERVATION COMMIL ON Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE OFFICE O

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 Self-11 was sept. 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.

					Hidl:	md, T	RXAR	Septem	ber 29, 1959
					FOR A WEL	L KNOW			(Date)
Anders	on-Price	chard.0	il Corpor	ation G	ax 1500 Wel	l No	, in	SE	1/4 NE 1/4,
Н	Sec	26	T. 258	, R. 3	7E NMPN	ı., Jus	tis Blin	ebry	Pool
Unit Le									
Lea Please indicate location:			Elevation	3080	·	Total Dep	th 5985	PBTD	59 52
D	СВ	A	Top Oil/Gas	5 Pay	410	Name of Pa	rod. Form.	Bline	bry
			PRODUCING I	INTERVAL -				•	
E	F G	Ho			410-5456	Donale			
			Open Hole_			Casing Sho	<u> 5985</u>	Depth Tubing	5379
L	KJ	ī	OIL WELL TE						
_	- '		Natural Pro	d. Test:	2bbls.cil,	33	_bbls water i	n <u>1</u> hrs,	Choke Omin. Size
М	N O	P	Test After	Acid or Fract	ture Treatment	(after red	covery of volu	me of oil equ	ual to volume of
••	" "	•	load oil us	sed) <u>66,21</u>	_bbls,oil,	17_bb	ls water in	24 hrs,(Choke 18/64
16801			GAS WELL TE	<u>sī</u> -					
	mel 6 3		- Natural Pro	d. Test:		MCF/Day; F	lours flowed _	Choke	Size
Tubing ,Cas:	_	enting Recor	rd Method of T	esting (pito	t, back pressur	e, etc.):_			
3176	Feet	Sax	Test After	Acid or Fract	ture Treatment:	·	MC	F/Day; Hours	flowed
13-3/8	859	700	Choke Size_	Meth	hod of Testing:		· · · · · · · · · · · · · · · · · · ·		
•9	2000	800	Acid or Frac	cture Treatme	ent (Gi ve amoun	ts of mate	rials used, su	ich as acid,	water, oil, and
	<u>5988</u>	890	sand):	500 gal	mid seid	& 200	00 gal no	m-emile	ion soid
		İ	Casing Press.	Tubing Press	0-100 Date	first new un to tank	. Septe	mber 24	. 1959
			Gil Transpor						MD ANY
		<u> </u>	Gas Transpor	rter	El Paso	Hatur	1 Gas Co	DANY_	
Remarks:		••••••••••		***************************************		*************		***************************************	
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	••••••••	••••••••	••••••				******************		
I hereby	y certify th	at the info	rmation given	above is tr	ue and comple	_			_
Approved	***************			, 19	Ande	Kaon-l	Company or C		poration
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Address Box 196,