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		<b></b>
OIL		
GAS		-
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## NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe. New Mexico

## REQUEST FOR (OIL) - (GAS) ALLOWAPLE

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

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. Can must be reported on 15.025 psia at 60° Fahrenheit.

				Place)	(Date)
			_	ING AN ALLOWABLE FOR A WELL KNOWN AS:	
(Company or Operator)			Shepare rator)	-d, Well No, (Lease)	in
Und	D	, Sec	27	, T20N, R9W, NMPM., ChacoWash-	Mess Verde Pool
	McKin.	ley		County. Date Spudded8=10=62 Date Drilling	completed 8m17m62
Please indicate location:			cation:	Elevation 6121 Total Depth 318	
● <sup>D</sup>	C	В	A	Top Oil/Gas Pay 325 Name of Prod. Form. PRODUCING INTERVAL -	Cha <b>ora</b>
E	F	G	H	Perforations Depth Open Hole 312_318 Casing Shoe 312	Depth Tuking 200
L	K	J	I	OIL WELL TEST -	Choke
_				Natural Prod. Test: 10 bbls.oil, 10 bbls water  Test After Acid or Fracture Treatment (after recovery of vo.)	in 21 hrs, Omin. Size
M	N	0	P	load oil used):bbls.oil,bbls water in'	Choka
		<u></u>		GAS WELL TEST -	
	(FOOTAGE)			Natural Prod. Test:MCF/Day; Hours flowed	
Tubing Casing and Cementing Record			PODEN BRIDE SAX		
			Test After Acid or Fracture Treatment:	<del></del>	
43		312 10		Choke SizeMethod cf Testing:	
				Acid or Fracture Treatment (Give amounts of materials used, sand):	such as acid, water, oil, and
			<del></del>	Casing Tubing Date first new Press. oil run to tanks	462
!		1		Oil Transporter Lamer Trucking Co.	CEPFILEN.
Remarks	<del></del>			Gas Transporter	/KIPFIATA
		••••••			SEP 25 1962
I h	ereby ce	rtify tha	t the infor	ormation given above is true and complete to the best of my k	nowledge 157 3
				, 19. Scanlon - Shope	
				COMMISSION By: Ki J. Meanle (Signa	rue)
By:	)rigins	t Sign	ed Bas	TitleR.J. Scarlon Send Communication	s regarding well to:
Title5	onoerviso	æ.Dist	#.3	NameOwner	
				Address Box 601-Farm	ington, N.M.