## REQUEST FOR (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. Cas must reported on 15.025 psia at 60° Fahrenheit.

				Los Angeles, California Nov. 8, 1960 (Place) (Date)
VE ARE	HEREBY R	EQUESTII	NG AN ALLOWABLE F	OR A WELL KNOWN AS: the Well No. 254   5 , in NB 1/4 NE
10	OMBARY OF OF	CERTOF \	(Leas	e)
A	Sec	12	, T. 23 N , R. 3 W	$_{ m NMPM}$ , Undesignated Pictured Cliffs $_{ m P\infty}$
umn I Ric	Arriba	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	County. Date Spudded	9-21-60 Date Drilling Completed 9-24-60
Ple	ase indicate	location:		Total Depth 3025 PBTD  Name of Frod. Form. Pictured Cliffs
D	C B	A X	PRODUCING INTERVAL -	
E	F G	H	Perforations 2998	3 to 3008 Depth Depth Casing Shoe 3097 Depth Tubing 3003
			Open HoleOIL WELL TEST -	
L	K J	I		Choke bbls.oil,bbls water inhrs,min. Size
M	N O	P		ture Treatment (after recovery of volume of oil equal to volume of Choke bbls.oil,bbls water inhrs,min. Size
			GAS WELL TEST -	
			_ Natural Prod. Test:	O - MCF/Day; Hours flowedChoke Size
Tubing C	asing and Cem	enting Recor	rd Method of Testing (pito	t, back pressure, etc.):
Size	Feet	Sax		ture Treatment: 1062 MCF/Day; Hours flowed 3
8-5/8	105	60	Choke Size 3/4 Meth	hod of Testing: Choke
4-1/2	3097	125	1	ent (Give amounts of materials used, such as acid, water, oil, and
2-3/8	" 3003	Hung	Casino Tubing	Date first new oil run to tanks
			Cil Transporter	
		1	Gas Transporter El	Paso Natural Gas Co.
narks:	Well S	hut-in.		NOV1 4 1980
			***************************************	CVO. COM
Ť L		 	ion given above is to	rue and complete to the best of my knowledge
l ner	NOV 14	nat the inic 19 <b>60</b>		TARAMETER A ALIATINA
spproved.			17	(Company or Operator)
C	OIL CONSE	RVATION	COMMISSION	By: Signature Signature
3y: <b>Or</b>	iginal Sig	ned Eme	ry C. Arnold	Title Operator  Send Communications regarding well to:
Citle Sur	ervisor Dist	#3	7	Sound Communications 1-801-1-19
			*	Name WAGENSELLER & AUGUST
				Address So. Beverly Drive
				neverty Uille, California

STATE OF NEW MEXICO
OIL CONS. RVATION COMMISSION

AZE C DISTRICT OFFICE

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