## NEW MEXICO OIL CONSERVATION COMMISSION 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.

, 1110				*4*	Santa Fe, New Mexico			5/16/60 (Date)	
ARE H	EREBY R	EQUESTI	NG AN ALLO	WABLE FOR	A WELL KNO	WN AS:			
<i>.</i>			Harvey ,S.F	.081160 <del>-17</del> (Lease)	, Well No	1-4, in	NW	1/4SE/	
(Cor	npany or O	perator) 21 N	т 18м		, NMPM.,	Vilde	at	Po	
Blade Lat	ter .								
San	doval		County. Dat	e Spudded	<b>/21/159</b> Total D	Date Drilling.	DBLD COMBTE	4/20/59	
Pleas	e indicate	location:			Name of				
D	C B	A		-	TO THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUM		- ROSEY	ora o	
			PRODUCING IN						
TP -	F G	H	Perforations	No	Depth		Depth		
E	r   G		Open Hole		Casing	Shoe891	Tubing	<del>918</del>	
			OIL WELL TES	<u> </u>				Chok	
L	K J	I	Natural Prod	. Test: 20	bbls.oil,	bbls water	in _24_hrs		
	1 1	K	Test After A	cid or Fracture	Treatment (after	recovery of vol	ume of oil e	qual to volume o	
M	N O	P	load oil use	d):bb	ls.oil,	_bbls water in	hrs,	min. Size	
			GAS WELL TES	т -					
				No measu	rable amount	us Hours flowed	Chok	e Size	
	_	menting Reco			back pressure, etc			s flowed	
Size	Feet	1			: Treatment:				
8 5/	8 32	8	_		of Testing:				
0	1 .	300 G	Acid or Frac	ture Treatment	(Give amounts of	materials used,	such as acid	l, water, oil, ar	
891	5 1	coalmer	16				,	<del></del>	
918	20		Casing	Tubing Press.	Date first oil run to	new tanks	26/	3 7	
			<del>_</del>		to El Paso l			FOF IL	
			1					4-1/11	
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		*********					l.01	L-CON-CON	
					and complete to	the best of my i	•	DIST. 3	
I here	by certify	that the in	formation given	above is true	and complete to	the dest of may			
pproved.			MAY 1 7 196	<u>19</u> , 19		(Company 9	r Operator)		
	_			OM	Ru:	- 4 M	モーセンミ	7	
			N COMMISSI		Dy.	(Sign	ature)	1032	
()rio	inal Sig	ned Eme	ery C. Arno	id	Title	perator		-11 4	
				***************************************	Send	Communicatio	ns regarding	g wen to:	
Title Su	pervisor D	ist. # 3			NameJ. I	Harras			
			·		430		Monte So	. Santa Fo.	
					Address	CONTING ROT	MAILUE DO	· · · · · · · · · · · · · · · · · · ·	

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OIL COME WATTON CO	MANISSION
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Bridge As 201 22	
STATA IS	1-
1 0 8.6. <b>5</b> .	
TRANSPORTER GAS	
PRVIATOR OFFICE	1-7-1-