## 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.

				AZTEG	22 January	<u>1959</u>
			ING AN ALLOWABLE FO			
(С	M. J. FLOR NCE (Company or Operator)		STROMBERG (Lease)	, Well No	, inNE	
A	etter	Sec29	, T, R	, NMPM.,		Pool
			County, Date Spudded	12/21/58 D	te Drilling Completed	1/20/59
		te location:	Elevation	Total bept	" <del>-3050</del> "	1.6
Π		ВА	Top Oil/Gas Pay 2969	Name of Pr	od. Form. PC	<del> </del>
	<u> </u>		PRODUCING INTERVAL -			
<del>_</del>	F	G H	Perforations 2969-71	29 <b>61-8</b> 8	Dept	h
E	<b>f</b>	С п	Open Hole	Casing Sho	e3027Tubi	ng3000
	<del></del>	<del>-</del>	OIL WELL TEST -			Choke
L	K	JI	Natural Prod. Test:	bbls.oil,	bbls water inh	
			Test After Acid or Fractu	re Treatment (after rec	overy of volume of oil	equal to volume of
М	N	0 P	load oil used):	obls.oil,bbl	s water inhrs,	min. Size
			GAS WELL TEST -			
			Natural Prod. Test: MCF/Day; Hours flowed Choke Size			
Tubing ,Ca	sing and	Gementing Reco				
Size Feet Sax		Sax	Test After Acid or Fracture Treatment:MCF_MCF/Day; Hours flowed			
			Choke Size Metho	d of Testing:		
8 5/8	8 5/8   100   100		Acid or Fracture Treatment	(Give amounts of mate	rials used, such as ac	id, water, oil, and
4=	3027	102				·
	2000		sand): PROF Tubing OC  Casing Press. Press.	oi) run to tank	Gal Water	Acronic na
1	3000		Cil Transporter		COLV.	
			Gas Transporter		/RLUL	
Remarks:			Ods ITansporter_			1 1050
					ع ۱۱۸۷	
					OILCO	<del></del>
I here	by certify	y that the inf	ormation given above is true	e and complete to the l	est of my knowledge.	
Approved.		JAN 2 1 1959	, 19	MAJ. MICH.	(Company or Operator)	
				MANG	Company of Operator,	
C	IL CON	SERVATION	COMMISSION	By: V. J. J.	(Signature)	
O	riginal	Signed P		Title CLINED		
y;	Suc	ervisor Dist.	nerv C. Arnold	Send Cor	nmunications regardin	ng well to:
Γitle		EIVISOF DISE.	4 5	Name		
				A 14		

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