

NEW MEXICO OIL CONSERVATION COMMISSION  
Santa Fe, New Mexico

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 oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

**Antes, New Mexico**

**9-30-53**

(Place)

(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

**L. G. Stearns, et al**

**Navajo**

Well No. **1**

**SE**

**SE**

**1/4**

**SW**

**1/4**

**1/4**

(Company or Operator)

(Lease)

**22N**

**22N**

**14W**

NMPM,

**Stony Butte**

Pool

(Unit)

**San Juan**

County. Date Spudded.

**8-21-53**

Date Completed.

**9-23-53**

Please indicate location:


Elevation **6080**

Total Depth **889**

P.B.

Top oil/gas pay **885**

Prod. Form **Massoverde**

Casing Perforations:

or

Depth to Casing shoe of Prod. String **857**

Natural Prod. Test **80 bbls. bailing**

BOPD

based on bbls. Oil in

Hrs.

Mins.

Test after acid or shot

BOPD

Based on bbls. Oil in

Hrs.

Mins.

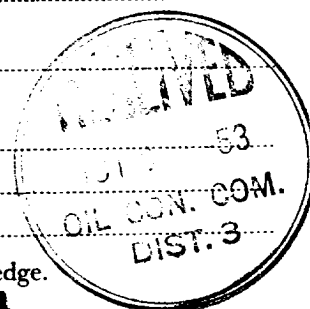
Gas Well Potential

Size choke in inches

Date first oil run to tanks or gas to Transmission system:

**9-27-53**

Transporter taking Oil or Gas: **self**



Remarks: **new well.**

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved **10-7-53**

**L. G. Stearns, et al**

(Company or Operator)

By:

*L. G. Stearns*

(Signature)

Title

**Operator**

Send Communications regarding well to:

**L. G. Stearns**

Name

**Box 606, Antes, N. M.**

Address

OIL CONSERVATION COMMISSION

By:

**Oil and Gas Inspector Dist. #3.**

Title

OIL CONSERVATION COMMISSION		
AZTEC DISTRICT OFFICE		
No. Copies Received <u>6</u>		
DISTRIBUTION		
	NO. FURNISHED	
Operator	<u>3</u>	<input checked="" type="checkbox"/>
Sanitary	<u>1</u>	
Protection Office	<u>1</u>	
State Land Office		
U.S. G. S.		
Transportation		
File	<u>1</u>	