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.

Hobba. New Mexico.

July 31. 1959

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				••	(Place	e)				(Date)	
agnoli a	Petroleu	m Compe	NG AN ALLOV HILL Abr	aham Fede	ral We	li No	1	, inSW		SW	1/4
M (Con	pany or Oper	24	, T. 24-N	(Lease) , R 34 2	W, NMPI	M., Und	designat	ed Pict	ared C	Liffs	P00
Rio A	rriba		County, Date	Spudded 1	1-21-51	•	Date Dril	lling Compl	eted	12-4-	51
Please	indicate lo	cation:	County. Date	7343							
D I C	В		Top Oil/Gas Pa) J277 ·		_Name of	Prod. For	. Pieta	ired ()	Liffs	
		-	PRODUCING INTE	RVAL -							
E I	G	H	Perforations		31	Depth Casing	Shoe	631	Depth Tubing	32581	
			OIL WELL TEST					-			
L	J	I	Natural Prod.		bbls.oil	,	bbls w	ater in <u> </u>	hrs, _	min.	Choke Size_
			Test After Act	•							
M 1	0	P	load oil used)	:bb	ols,oil,		bbls water	in <u> </u>	rs, <u>-</u>	Choi min. Size	· ·
,		<u> </u>	GAS WELL TEST								
`			Natural Prod.	105	Ю	MCF/Day	; Hours fl	owed 24	_Choke S	ize12	2/64
ibing Casi	ng and Comen	ting Recor									
Size	Feet	Sax	Test After Ac						; Hours f	lowed	-
3/4"	631	75	Choke Size	-		•	•				
			Acid or Fractu	una Treatment	(Give amous	nts of m	aterials u	sed, such a	s acid, w	ater, oil	, and
7	3263	200	sand). None)							
2**	32581		Casing -	Tubing -	Date oil	first n	ew 🕳				
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			Gas Transporte	Pacific	Northw	est Pi	pe Line	Company	12	+ 14	U
marks:							•••••		\Kr.) <u>.</u>	94 9
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I hereb	y certify tha	t the info	rmation given a	bove is true	and comp	lete to t	he best of	my knowled etrolem	ige.	CON DIST	ر سید
proved		AUG 3	1959	, 19	•••••			ny or Opera	.	<u> </u>	
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					ח		•	Signature)	/ Imeri	rt.ender	nt.
Origin	ial Signe	ı rmer	y C. Arnold	***************	Title			ations rega			
itleSupervisor Dist. #.3					Name	Magno]		oleum Co			
						P. O.	Box 24				
					Address.			lexico Le E. Rol	dnaon.	Jr.	

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