(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.

				(Place)	n, Hew Mexico)	L60 (Date)	
E ARE HEREBY REQUEST!						w .	/ 61	
(Company or Operator)			(L	ase)	, III	······································	4/4	
Unit La	, Se	c 13	, T248, R	7 W , NMPM.,	Bevils	Jerk	P00	
Rio Arriba			County. Date Spudde	d12-6-59	Date Drilling C	cupleted	12-29-59	
Pleas	se indicate	location:	Elevation 660					
D C	C B	A	Top Oil/Gas Pay	Name o	of Prod. Form.	Gellup		
			PRODUCING INTERVAL -			•		
E	F G	H	Perforations 5489	Denth		Depth		
			Open Hole Kone	Casino	Shoe 5668	Tubing	5499	
L	K J	I	OIL WELL TEST -				-	
	.		Natural Prod. Test:	bbls.oil,	bbls water in	hrs,	Choke min. Size	
	,,	X	Test After Acid or Fra	cture Treatment (after	recovery of volum	e of oil equ		
M	N O	P	load oil used):	bbls.oil,	_bbls water in	hrs,	Choke min. Size	
			GAS WELL TEST -					
			- Natural Prod. Test:	MCF/Da	av: Hours flowed	Choke	Size	
hing ,Cas	ing and Cer	enting Recor						
Sire Feet Sax		Test After Acid or Fra			/Dav: Hours	flowed 2		
			Choke Size 3/4 Me		•			
9-5/8	230	120						
51	5668	250	Acid or Fracture Treat	•			water, oil, and	
			sand): 23.016 Casing Tubin	g Date first	new			
2-3/8	5499	-	PressPress					
			Oil Transporter			/-OF:		
	!		Gas Transporter Sc			∕ofl'H	A .	
marks:	••••••	•••	· · · · · · · · · · · · · · · · · · ·			ALULI	LED /	
••••••••				***************************************		APR14	1960	
7 L . 1			rmation given above is			DILCON		
			APR 1 4 1960 19			DIST.	3	
proved					Company or O	· · · · · · · · · · · · · · · · · · ·		
OI	L CONSE	RVATION	COMMISSION	Ву:	1. Aluga			
Original Signed Deve				,	(Signatur	ε,		
: A. R. KENDRICK				TitleConsu	TitleConsultingEngineer			
PETROLEUM ENGINEER DIST. NO. 3				Send	Communications i	regarding we	an to:	
	••••••••••••••••••	····	***************************************	NameRed	form & Herd			
		4		Address Box	1747, Midlen	d. Texas		

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