REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well Recompletion

i.J.

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.

A'E ADE I	UEDERV D	FOURT	NG AN ALLOWABLE	(Place)	OWN AC	(Date)	
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- Кљу - К (С с	ompany or Op	erator)	Sila z an Pedarel L)		in	1/4 1/3 1/4	
Unit L	Sec	<u> </u>	, T 2511, R	, NMPM.,	Jicerill a wy	DCAT Poo	
Rio A	r iba		County. Date Spudd	ed Oct. 4	Date Drilling Comple	oted 034.23	
Please indicate location:		Elevation <u>6355</u>		Depth672:	PBTD		
ן מ	C B		Top Oil/Gas Pay 67	Name o	of Prod. Form. Bako	.a	
	C B	A	PRODUCING INTERVAL -				
E	F G	H	Perforations 6.0	04-6720 (correct	tad 5705 -67 22		
-		"	Open Hole	Depth Casing	; Shoe <u>5723</u> 1	Depth Tubing3720	
			OIL WELL TEST -		6726 corr	ted	
L	K J	I		bble oil	bbls water in	Choke	
				•		· · · · · · · · · · · · · · · · · · ·	
М	N O	P			recovery of volume of	Chaka	
			GAS WELL TEST -			3)	
							
			_		y; Hours flowed		
ubing ,Cas Sire	ing and Ceme		mountain of resorting (pri		.):		
	Feet	Sax	Test After Acid or Fra	acture Treatment:3	.649MCF/Day;	Hours flowed 3	
5 1/2	672 5	567	Choke Size 1 3/4"Me	ethod of Testing:	or <mark>iface gas net</mark> a		
€ 6/3	0.0	luc o	Acid or Fracture Treat	mont (Give amounts of	materials used, such as	acid water oil and	
C 47/3	3.00	400			os sand & 3756; 1		
21/4	6723		Casing Tubin	ng Date first	new	210 755	
L 7	6122	-	=		tanks <u>11-3-58</u>		
				Cyood, Nl Paso		DITTE	
	17-3- 20	55767 /	Gas Transporter	icWood, El Paso			
marks:	118.GF 3.3	2010. 0	i tellate durin	<u> 1 Ara Rest</u>	••••••	- NO. 1/	
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I hereb	y certify th	at the info	rmation given above is	-	the best of my knowled	J. Ox COM	
proved	Loveul	ar 10	NOV 1 8 1958 , 1958	CFT.ICAL		CANCELLS	
				2 /	(Company or Operat	or)	
OI	L CONSER	VATION	COMMISSION	By	(Signature)	<u>:::::::::::::::::::::::::::::::::::::</u>	
Origin	nal Si gne	d Emer	C. Arnold				
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