## (Form C-104) Revised 7/1/57

## REQUEST FOR ( ) - (GAS) ALLOWABLE

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. Cas must be reported on 15.025 psia at 60° Fahrenheit.

				(Place	•		Janua	(Date	
		-	ING AN ALLOWABLE				QF.	., 954	
.ragno.r	mpany of Ot	erator)	oeny Jicarilla	ease)	II No	, ın		/4	/4
n	Sec	19	T 26N R 3	NMPN	A. Blanc	o Mesave	rde		Poo
Unit L	eter .								
Rio Ar	riba		County. Date Spudd	ed 9-16-57	Date	Drilling C	completed	62171	7
Plea	se indicate	location:	Elevation 7187						
D	C B	A	Top State/Gas Pay55	02.	_Name of Prod	Form. A	Baverd	3	<del></del>
		•	PRODUCING INTERVAL -						
			Perforations 5	5021 - 6130	1				
E	F G	H	Open Hole			6250	Depth Tubino	6122	
									·
L	KJ	I	OIL WELL TEST -						Choke
_	_   `		Natural Prod. Test:	bbls.oil	,bl	ols water in	hrs	,min	· Siże
			Test After Acid or Fr	acture Treatment	(after recove	ery of volum	e of oil e		
My	N O	P	load oil used):	bbls,oil,	bbls v	water in	hrs,	min. Si:	oke ze
207.	80'		GAS WELL TEST -						
				_	,				_
			Natural Prod. Test:		_				<del>-</del>
	sing and Cem	_	Method of Testing (pi	tot, back pressu	re, etc.):			<del></del>	
Size	Feet	Sax	Test After Acid or Fr	acture Treatment	: <u>2131</u>	MCF	/Day; Hour	s flowed	3 hrs
22 2/15	200	050	Choke Size 3/4" M	ethod of Testing	Bacl	Pressu	<u>~e</u>		
10 3/4	308	250							
7 5/8	4108	165	Acid or Fracture Trea	tment (G <del>ive</del> amour	nts of materia	ils used, su	ch as acid	, water, oi	il, and
1 2/ -	Top		sand): 100,000	gal water &	100,000 #	Band			
5 1/2*	3935	100	Casing Tubi Press Pres	s. 2200 Date	first new run to tanks_	•		·	
<i>&gt; -4 ~</i>	Bottom		Gil Transporter_						
5 1/2"	6250	175		4.04 - 17	D4 1	dne Cor	oratio	Δ	
	Well we	rked ove	er to lower tubing	. No chang	e in produ	seing in	ervel	1111	San
Remarks:	Workows	r Comple	eted 9_12_58.		4-1 <del></del>	*******			
••••••	#OX 100 V			*********************	********	*************		4 4 1 7 · 4 4	13
••••••						**********	JAN	22 195	a l
I here	by certify t	nat the info	ormation given above is	true and compl	lete to the bes	t of my kno	wledge.	*****	I
Approved	JAN	<b>22</b> 1959	, 19	Mag	nolia Pet	roleum.C	DECEMBER OF THE	JON. CC	//VI./
••			,			ompany or C	petator)	131.3	
0	IL CONSE	RVATION	COMMISSION	By	QLO/11	Muss	11/5	- Park	
				•		(Signatu		4	
v: Ori	ginal Sign	ned Eme	erv C. Armold	Title	District	Gas Supe	rintend	ent_	
,	Superior	r Dist. # 3			Send Comm	nunications	regarding	well to:	
Title	-uhetaiso	ı Vist. 井 3	<b>,</b>	 Name	Magnolia		um Comp	any	
					Box 2400	,	_		
				Address.	Hobbs, N	ew Mexic In Lee R	Rohim	son. Jr	<u></u>

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