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.

the sto	ock tanks.	Gas n	nust be rep	orted on 15.025 psia at	60° Fahrenheit. Farmington,	W.M.	Asril	25. 1956	,
					(Place)	; er #4.10		(Date)
				G AN ALLOWABLE					
Dray	Mid-Co	ntin	ent Oil	Co. N.M. Fed	C", Well No	, 1	, in	W 1/4	W 1/4,
(C)	ompany or	r Opera Sec	(tor)	T. 25 N , R 12	Me)	Undesign	ated		D 1
(All)									
ian Jr	1871			County. Date Spudded	4-2-56	Date C	ompleted	4-23-56	
Plea	ase indica	ate loca	ation:						
D	C	В	A	Elevation 615	7 Total D	Depth 500	2	P.B	***************************************
X						-			
E	F	G	Н		49241		rod. Form.	# ************************************	
				Casing Perforation	1924-495	2			or
1.	К	J	1		hoe of Prod. String.				
		-							
M	N	0	P	Natural Prod. Test	288	•••••			B OPD
<i>"</i>	••	J			288 bbls. Oil				
1.			11	based on	bbls. Oil	in	Hrs.	*****	Mins.
• • • • • • • • • • • • • • • • • • • •				Test after acid or	shot				B OPD
Casing	g and Con	nenting	Record	D. 1	LE1. 0 11	l:_	TT_		M :
Size	Fee	t	Sax	based on	bbls. Oil	ı ın	nrs.	***************************************	viins.
· ; 34			1.05	Gas Well Potentia	al				
177				Size chake in inch	18				
24	500	7 2	200				_		
7.		,		Date first oil run t	to tanks or gas to T	ransmission sy	ystem:	-23-56	
2	<	2			g Oil or Gas:				Co
				Transporter taking	g Oil or Gas:				rer
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marks:									
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				nation given above is t VPR 2.7.1958, 19		Mid-Conti	Lnent Oil	.e. II	DIST, 3
proved				, 19			ny or Opera		
O	IL CON	SERV	ATION C	OMMISSION	By:	911	Signature)	* it	
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	iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii			San Comment	11116	d Communic		ding well to);
PE I le	KULEU	ivi Ei	MGINEEK	DIST. NO 3					
					Name. Sum	My MIG-GO	nglight.	NIT AAA	

Address. Box 128, Hobbs, N.M.

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