## 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.

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A'E ADE	псрс	DV DE	OUESTIN	C AN ALLOWA		(Place)		(Date)
				G AN ALLOWAI RILLING CORI				NW 1/4 SW 1/4
- ((	Company	or Oper	ator)		(Lease)			
K. Unit	Letter	., Sec	21.	T. 20. R.	1.5W	, NMPM.,	BISTI	Pool
	Sen	Juan		County. Date Sp	udded	10-30-56	, Date Complete	d 11-18-56
Ple	ase ind	icate lo	cation:					
D	C	В	A	Elevation	305 DF	Total Dep	oth <b>5152</b>	, P.B. 5130
E	F	G	н	Top oil/gas	pay <b>5</b>	110 <sub>N</sub>	ame of Prod. For	m Gallup
						5111'		or
r	X.	J	1	Depth to Cas	sing shoe of	Prod. String	51511	<del></del>
M	N	O	P	Natural Prod	. Test		40	<b>B</b> OPD
				based on	10	bbls. Oil in	4 1	Hrs # Mins.
	*** ***			Test after ac	id or shot	(	50	<b>B</b> OPD
Constin	ug and C	ementin	g Becord		_			HrsMins.
Size		cct	Sax	Based on	<b></b>	bbls. Oil in	ET I	IrsMins.
8-5/8	" ]	156	100	Gas Well Po	tential		***************************************	•••••••••••••••••••••••••••••••••••••••
1				Size choke ir	inches	2"		
		51	200	Data first oil	min to tank	e or mae to Trae	remission system.	11 <b>-26-</b> 56
2-7/8	" 51	23						
			ļ	Transporter	taking Oil o	or Gas: B1 P	so matural	Gas Products Co
Remarks			<del></del> -					
		••••••		•			*	OH 41 11
								O, On 18
I her	eby cer	tify that	t the inform	nation given above	e is true an		he best of my know	
Approved.		JΑ	N 4 1958	, 1	9	M-RUCALL	ONTIN-GREER (Company or Op	The state of the s
C	IL CO	NSERV	ATION C	COMMISSION	". ·	By: 1.9	Stan les	
	1:	2					(Signature	)
3y:	<u> </u>	٠,	4	ufich		TitleSend (	Enginéer Communications re	garding well to:
Title PE	FROLE	UM E	NGINEER	DIST. NO. 3		Name	S. J. Ste	
						Address	405} West I	

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