NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

						Farming (Place)	ton, Ne	wMaxieo.	H	ny 28, 1958 (Date)
VE ARI	E HER	EBY RE	QUESTI:	NG AN ALLO	WABLE FOR	• •	KNOWN	AS:		(Date)
KELLY	OIL	COMPANY	<u></u>	A.	L. Daff	, Well N	ło 9	, i n. .		
	•	ny or Ope: , Sec		., T 26	(Lease) , R 13W	, NMPM.,	Bist	i-Gallup		Pool
Unit	Letter									
				Elevation						
		ndicate lo		Top Oil						
.#9	С	В	A	PRODUCING INTE	ERVAL -					
E	F	G	Н	Perforations_	5398-5404 <u>1</u>	& 5406_1 De	pth	shots per	Depth	
				Open Hole		Ca	sing Shoe_	54581 KE	Tubing	53971
L	K	J	I	OIL WELL TEST						Choke
		İ								min. Size
М	N	+	P						•	l to volume of Choke
	••				,	ols,oil, 0	bbls	water in <u>12</u>	hrs,	min. Size Swal
				GAS WELL TEST	-					
Secti	Lon 20)-26H-1	3W	Natural Prod.	Test:	MC	F/Day; Hou	rs flowed	Choke S	size
			ting Recor	d Method of Tes	ting (pitot, b	ack pressure,	etc.):			··
Size		Feet	Sax	Test After Ac	id or Fracture	Treatment:		MCF,	/Day; Hours f	lowed
od 10 <u>–3</u> /	<u>/</u>	247	275	Choke Size	Method	of Testing:				
OD				Acid or Fractu	re Treatment	(Give amounts	of materia	ls used, suc	h as acid, w	ater, oil, and
5-1/	2"	5446	200	sand): 30,00						
2" 3 0		5390		Casing Fress.	Tubina	Date fi	rst new		FFIVE	10
Z- 200		7770		Cil Transporte				, <i>f</i> \	FREIT	
				Gas Transport					JUN 2 19	358
Lemarks	· :								coN	COM.
								, c	-,·ST.	3
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I he	ereby c	ertify tha	it the info	rmation given a	bove is true	and complete	to the bes	t of my kno	wledge.	
pprove				3			OIL CON			
				COMMISSION		By:	Signed)	P. H. Čo (Signatur		
				y C. Arnold		TitleD1	strict	Superinte	ndent	
			or Dist. #			So	end Comn	unications 1	regarding we	ll to:
itle		~-P	11	-		Name S	KELLY O	IL COMPAN	Y	
						ξī	ox 426			
						Address \overline{F}	District Contract	on. New M	คราเลอ	

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	U. S. G. S.	
	Transporter	
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