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

	_ _				(Place)			<u> </u>	(Date)
			NG AN ALLO Producing C					NE	1/4 SE 1
(Con	npany or Op	erator)	, T. 26M	(Lease)	,	R4		ın	
I Unit Let	Sec.		, T	., R	, NMPM.,	24.0			Po
n Juan			County. Day	e Spudded	12-21-58	Date Da	rilling Com	pleted	1-6-50
	indicate l		Elevation	MTS-0 G-T	Tota	l Depth	7707	PBTD	5312 18
	С В	A	Top Oil/Gas P	yay 5230	NameName	of Prod. F	orm. Gr	llup	
		1 *	PRODUCING INT	====					
			Perforations_	5238	- 5250 Dept	<u> </u>		Donth	
E 1	P G	H	Open Hole	Name	Casi	ng Shoe5	363 KB	Depth Tubing_	5263 KB
	13	- -	OIL WELL TEST	-					
L	K J	I	Natural Prod.	Test:	bbls.oil,	bbls	water in _	hrs,	Chol min- Size
			Test After Ac	id or Fractur	e Treatment (aft	er recovery	of volume	of oil ed	qual to volume o
M 1	0	P	load oil used	i): 105 i	bls,oil, No	bbls wate	er in 24	hrs,) min. Size 15
			GAS WELL TEST						
				•	MCF/	_			
9-5/8"	200	175	-		of Testing:(Give amounts o				water. Oil. at
5-1/2	5374	100			1,500 # Ad				
2"	5256		Casing 20	Tubing	20 Date firs	t new 1-	16-59		CATILLY.
	7270		Press.	Toron	e Pipe Line	Company	······································	10	FIFTUE
		_						71	TEDELLE
			Gas Iransport						JAN 22 195
narks									IL CON CO
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			ormation given		The Britis	nh-Americ	en Oll	Produc	ing Company
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OIL CONSERVATION COMMISSION					J. E. Stein				
OIL COMMISSION					(Signature)				
Orig	inal Sign	ed Eme	rv C. Arno	ia	TitleD	letrict I	ingineer		well to:
itle Supervisor Dist # 3					Send Communications regarding well to:				
ie			*************************		Name The I	British-	mericar	011 F	reducing Co
					Address Ber	z 180, D	enver 1,	Calar	ado

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	Operator	/	
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	State Land Office		
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	Transporter		
	File		