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DISTRIBUTION								
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LAND OFFICE								
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## NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

## REQUEST FOR (OIL) - (GAS) ALLOWARLE

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.

ered into	o the stock	tanks.	Va. mus	t be reported on 13.			. NEW MEX	CO SEPT	. 17, 1963 (Date)
WE AR	E HEREB	Y REC	QUESTI	NG AN ALLOWA	BLE FOR A	WELL KNOV	VN AS:		
	RN UNIO			Co. NICK	SON(Lease)	, Well No	.9, in	NW//	NW1/4,
		•		., T26-N, R.		імрм.,	BASIN DAK	AI	Pool
	AN Please indic			County. Date Spr Elevation 704					
P	<u> </u>		auon:	Top Oil/Gas Pay					
D	C	В	A	PRODUCING INTERVAL	<b>.</b> -				
14				Perforations	7237	- 7448			
E	F	G	H	Open Hole N	•	Depth	noe7494	Depth Tubing	7387
				OIL WELL TEST -		<del></del> _			
L	K	J	I	Natural Prod. Test	t: bbl	s.oil.	bbls water i	in hrs.	Choke min. Size
				Test After Acid on					
M	N	0	P	load oil used):				•	Choke
1 1		į	l	GAS WELL TEST -					
				. Natural Prod. Test	: TSTM	MCF/Day;	Hours flowed	Choke :	Size
Tubing .	(FOOTAGE Casing and	F):   Cement	ing Recor		<del></del>		_		
Sire	Fee	et	Sax	_ Test After Acid o					
10 3	3/4 293	KB	250	Choke Size 3/4	Method of Te	sting: BAKC F	RESS. CAOF	=4,373 MO	FPD
	/2 7494		4203	Acid or Fracture T	reatment (Give	amounts of mat	erials used, s	uch as acid, w	water, oil, and
		1		- Company of the Comp					
1 1	/2 7387	KB		Casing 1,881					
				Oil Transporter_9					s, luc.
Remarks	\ s:			Gas Transporter E			MP ANY	OFF FIV	F
			•••••	•••••				"\LULI !	LD /
		•••••		•••••					
				rmation given abov		complete to the	best of my kr	RODUCT LON	COM./
Approve	D				. d	FOND	(Company or	Operator)	
				COMMISSION	Вуя	-75 W	And Liver (Signat	L. S. Mu	ENNINK
Ru. Ol	riginal S	Signed	Emer	y C. Arnold	Tit	le		ERINTENDEN	
	Title Supervisor Dist. # 3			Na	Send Communications regarding well to:  NameL. S. MUENNINK—AREA SUPERINTENDENT				
					A.d.	dress P.O.Bo	x 808, FA	RMINGTON,	NEW MEXICO