## NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

## REQUEST FOR (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.

				Midland, Taxa (Place)	<b>.s</b>	Jan.	.19. 1959 (Date)
Monsant	HEREBY R	al Co.	NG AN ALLOWABLE FO State *(Lesse)	J., Well No 1. L.I	AS:		/4Nw
D timbs Let		16	, T26N , R 11W	, NMPM.,Gall		and the second	
San Jus	m		County. Date Spudded	5-18-58 Dat	o Drilling	Completed	6-3-58
	se indicate l		Elevation 6260	Total Depth	6405	PBTD_	6389
D	C B	A	Top Oil/Gas Pay 6090  PRODUCING INTERVAL -	Name of Pro	d. Form	UAKOTA	
E	F G	H	Perforations 6090-61	()anth	6389	Depth Tubing	6160'
			OIL WELL TEST -				Choke
L	K J	I	Natural Prod. Test: Test After Acid or Fractur				min. Size
M	N O	P	load oil used):				Choke
			GAS WELL TEST -				
<del> </del>			Natural Prod. Test: Not	tested. MCF/Day; Ho	urs flowed _	Choke	Şi ze
Tubing ,Car	sing and Com	nting Recor	Method of Testing (pitot,	back pressure, etc.):			
Size	Feet	Sax	Test After Acid or Fractu	re Treatment: 3882	мс	F/Day; Hours	flowed 3
9-5/8	231'	200	Choke Size 3/4" Method				
7*	63891	400	Acid or Fracture Treatment	4 W/61 000 mg 3 nd	1 2 56 0	00 # esni	•
2"	61601		Casing Tubing Press. 2	Date first new oil run to tanks	Load 01	1 not rec	overed
	**	1-33	Oil Transporter McW			TAIL	15
Remarks:	Form C-	105 file	Gas Transporter El Pas d, 8-21-58.	o Natural Gas Com	many		
		••••••				JAN 22	1959
I here	by certify the	nat the info	ormation given above is true	and complete to the b	est of my kn	owled BIST	, 3
Approved	Janu	ary 19	, 19. <b>3</b> %	170	(Company) or	Operator)	
OIL CONSERVATION CO				By:	(Signat		
Ву:			erv C. Arnold	Title District Send Com	Superinte munications	regarding v	well to:
Title	Supervis	U VISS, 7	<b>ુ</b>	Name Monsanto			
				Address Drawer	1829, Nid	lland, Te	xas

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	OIL CONSERVAT	TON COMMI	SSION			
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