NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

REQUEST FOR (CAS) 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.

anolina (Cor	npany or Op	erator)	Any Huerfane Un (Lease		inSN	¹ / ₄ ¹ / ₄
H	, Sec.		, т. -27-н , R. -20- й	, NMPM.,	Wildcat	Pod
(Unit)			County. Date Spudded	October 10.1952	Dota Completed 301	oher 25, 105 2
	e indicate l		County. Date Spudded		, Date Completed	M. Strander
1 1043			6103		3770	
			Elevation	Total Depth	1758 , P.I	3
		_	Top sil/gas pay1690			n?ictured Cliffs
			Casing Perforations:	None		
			Depth to Casing sho	e of Frod. String	695	
•	<u> </u>		Natural Prod. Test	None		ВОР
			based on	bbls. Oil in	Hrs	Min
Section 32			Test after acid or shotBo			
Casing and Comenting Record Size Feet Sax		Based on	bbls. Oil in	Hrs	Mir	
3-5/8*	99	75	Gas Well Potential.	1,408 MCF per 21	hours (3 hr. pi	tot tube test 10-25-52)
5-1/2"	1699	75	Size choke in inches	2" casing out]	et	
			Date first gil. vn. to.	tenke er gas to Transn	nission system:	er 29, 1952
			Transporter taking	Mar Gas:Southe	yn Union Gas Con	p arty
marks:	Form C-1	10 filed	October 28, 1952,	approved October	31, 1952.	
I hereby	y certify th	at the infor	mation given above is tru	e and complete to the	best of my knowledge.	
proved	u	ov.	9 , 19 , 5 -	Stanolind Oil	(Company or Operator)	<u> </u>
OII	L CONSER	VATION (COMMISSION	By: 6/7/	ocet	المتنب
E	: men		(Samuel &	Title Field Su	(Signature)	
	my		CINN CO		mmunications regardin	g well to:
le		*****************		Name Fre E.	. halt	

NO CODIES DISTRICT OFFICE	,
No. Copies Recoi DEFICE	1
Cama Fo	
S. G. S.	
Transporter File	