NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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 oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

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Harvey-Kenaston (Company or Operator)			mantey-re	(Lease)	, Well No		, in 146	1/4 1/2
			, T 29N		NMPM	1114441	lanco	Pos
(Unit)							
S a	Juan	•••••	County. Date	Spudded	April 11,19	5일, Date Com	pletedJu	Ly 29, 1952
Plea	se indicate lo	cation:						
			Elevation	5576! GL	Total Dep	oth 41	5! , P.B	B.P. 1898
	_		Top oil/g	as pay	84.• V 0 1 4 5 1 1	Proc	d. Form. £101	wred Cliffe
ŀ	X		I .					
			Depth to	Casing shoe of	Prod. String			
				* * * * · · · · · · · · · · · · · · · ·				ВОРІ
						•		
		i	based on	•	bbls. Oil in	1	Hrs	Mins
	••••••	•••••••••••••••••••••••••••••••••••••••	Test after	acid or shot				ВОРІ
Casing Size	and Cementia Feet	ng Record Sax	Based on.	•••••	bbls. Oil in	L	Hrs	Mins
7"	15871	325	Gas Well	Potential Potential	SE MCF	<u>.</u>	••••	
			· ·	e in inches				
		- <u> </u>	Date first		ks or gas to Tran	nsmission syste	m:	
			Transport	er taking Oil o	or Gas:	aso Satur	al Gae Co.	••
M	-		j	-				
			••••••					
***************************************	***************************************					***************************************		
I hereb	y certify tha	t the info	rmation given ab	ove is true ar	nd complete to the	he best of my	knowledge.	•••••••••
	·	-	22-	. 195-3	-	-Kenaston		
•				,			or Operator)	
OIL CONSERVATION COMMISSION				1	Ву:	(Sign	ature)	······
/:	J.J.(ffer	idecka	y,	1 itie	wner		
le Cil / as Inspector, List. #3					Send Communications regarding well to:			
tle V 1					Name	ncis L. Ha	rvey	
					Box Address	990, "ich	ita Falls	, Texas

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