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

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WE A	ARE H	IEREB	Y RE	QUESTI	NG AN ALLOWA	BLE FOR	A WELL KNOW	WN AS:		, ,
TIME	u wasa	AY	TKE	CAP.		MAYA TO	, Well No	10 in.	·· SE	4 ¼,
UMA		appeniyes	Sec.	-	т т	(12000)	ENLEDAGE			
Unit Latter Sec. 17										
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				cation:	Elevation	5176	Name of F	oth 133	PBTD_	-
D	Т	C	В	A	Top Oil/Gas Pay_	105	Name of F	Prod. Form.	Callup	
İ					PRODUCING INTERV	<u>.</u> -			•	
E		F	G.	H	Perforations		D. Septe		Depth	
_		-	•	"	Open Hole	C7=177		105	Tubing	107
		<u></u>		*	OIL WELL TEST -					
L		K	J	I	Natural Prod. Te	st:	bbls.oil,	bbls water in	Air hrs.	Choke
							reatment (after re			
M	1	N	0	P			oil,bb		•	Choke
		İ			GAS WELL TEST -					
				L	-					
	or Cor	ing and	Comen	ting Reco	_		MCF/Day;			Size
_	ug ,oub. Size	Fee		SAX			k pressure, etc.):			· · · · · · · · · · · · · · · · · · ·
							reatment:			flowed
	-tan				Choke Size	Method of	Testing:		- I	
D-1	/ 2"	105 15		17	Acid or Fracture	Treatment (Gi	ive amounts of mat	erials used, suc	h as acid, w	ater, oil, and
<u> </u>	2"-	10	7		sand):					
			1		Casing Press	Tubing A Press.	oil run to tan	ks	recover T	
					Oil Transporter					, 1,00
		<u> </u>			Gas Transporter		MECURET OF	s Product		PIL
Rema	rks:								ZKL	IVEN
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				*****					364P	1960
I	hereb	y certif	fy tha	t the info	rmation given abo	e is true and	d complete to the	best of my know	Hedge CO	N. COM.
		•		SEP 6	. 1960	19		BRAT. ATT.	DIS	7.3
••								(Company or O	perator	
	OI	L CON	ISER '	VATION	COMMISSION	1	Y	Top of		Tax!
	Orle	imal	Sign	ed Fra	are C Ameld			🦠 🤌 (Dignatur	eı	
By: Original Signed Emery C. Arnold					- J W. AFROIG		TitleSend Co	mmunications r	ent	ll to:
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