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

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

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

vised 7/

New Well X 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.

- 1110	, are were		•	•	Alba	guerque , .New. Mexi. (Place)	co	bruszy 27, 1962(Date)	
F AQI	HERI	EBY RE	OUESTI	NG AN ALLOV	VABLE FOR A	WELL KNOWN	AS:	(====,	
					,			W	
(	Compan	y or Ope	rator)		(Lease)				
Wieds.	j	, Sec	17	, T <b>298</b> 1	R <b>18W</b> ,	NMPM.,	hlyreck-Gellup.	Pool	
				County. Date	Spudded10-2	5-61 Date	Drilling Compl	oted	
		dicate lo		Elevation	\$220' G.L.		<u>w</u>	PBTD	
				Top Oil/Gas Pa	y 77' to 85'	Name of Prod	. Form. Cellup		
D	С	В	A	PRODUCING INTE	RVAL -				
				Perforations	Nane				
E	F	G	H			Depth Casing Shoe		Depth Tubing 🕶	
L	K	<del>  ]</del>	I	OIL WELL TEST				Choke	
		x						hrs, min Size	
,_			1					oil equal to volume of Choke	
M	N	0	P	load oil used)	bbls.	il,bbls	water inh	rs,min. Size	
				GAS WELL TEST	-				
				Natural Prod.	Test:	MCF/Day; Hou	rs flowed	Choke Size	
ıM nø	(FOOT		nting Reco		-				
Size	•		Sax					; Hours flowed	
		1		esting:					
51"	70	76' 6							
				Acid or Fractu	re Treatment (Giv	e amounts of materi	als used, such a	s acid, water, oil, and	
2*	87	7	Nane			Dana Finat pow			
				Casing Press	Tubing Press.	oil run to tanks_			
				_		1 Oil, Inc., Salt		OFFIN	
				1	er	•	/0	FILFIVEA \	
	s:			Ods IIansport				LULITED	
:mare	3 :		*************				M	AR8 1962	
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					Land in the and	complete to the be	st of my knowle	edreiST. 3	
Ih	ereby C	ertify th	at the ini	formation given	above is true and	oyal Davelopment (	Company		
pprov	ed. MAK	0 19	)K	••••	, 19	OTAL AND THE PROPERTY.	Company or Oper	ator)	
				A COMMISSIO	NT R	v.		······································	
	OIL C	CONSE	CVATIO	N COMMISSIO	. · · · · · · · · · · · · · · · · · · ·	.I. Shillander	(Signature)	Virtual managang	
y: Original Signed Emery C. Arnold						Title Business Manager			
itle Supervisor Dist. # 3									
						•			