

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
(Revised 7/1/52)

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.

El Paso, Texas

November 21, 1955

(Place)

(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Ted M. White

Cornell

Well No. 3, in NW 1/4 SE 1/4,

(Company or Operator)

(Lease)

Sec 1

T 29-N

R 12-W

NMPM, Fulcher Kuts, Pictured Cliffs Pool

(Unit)

San Juan

County. Date Spudded 10-7-55, Date Completed 10-13-55

Please indicate location:

Elevation 5830.52 Total Depth 2009, P.B.

Top oil/gas pay 1936 Name of Prod. Form Pictured Cliffs

Casing Perforations: or

Depth to Casing shoe of Prod. String 1974

Natural Prod. Test BOPD

based on bbls. Oil in Hrs. Mins.

Test after acid or shot BOPD

Based on bbls. Oil in Hrs. Mins.

Gas Well Potential 2,112 mcf

Size choke in inches

Date first oil run to tanks or gas to Transmission system:

Transporter taking Oil or Gas: El Paso Natural Gas Company

Casing and Cementing Record

Size Feet Sax

Remarks:

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved. NOV 28 1955, 19

OIL CONSERVATION COMMISSION

By: [Signature]

Title Oil and Gas Inspector Dist. #3.

Ted M. White

(Company or Operator)

By: [Signature]

(Signature)

Title Agent

Send Communications regarding well to:

Name Ted M. White

Address P. O. Box 718, El Paso, Texas



OIL CONSERVATION COMMISSION		
AZTEC DISTRICT OFFICE		
No. Copies Received 9		
DISTRIBUTION		
	NO. FURNISHED	
Director	1	
State Tax	1	
Operation Office		
State Land Office		
S. G. S.		
Transporter	1	✓
File		