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

			Albuquerque, New Mexico Oct. 25, 1957 (Place) (Date)
			ING AN ALLOWABLE FOR A WELL KNOWN AS:
A. E.	McLane		White-Allen , Well No. 1 , in SE 1/4 NW 1/4,
(U	ompany or U	perator)	(Leae)
Unit 1	Sc	c 	T. 29 N , R. 12 W , NMPM., Fulcher-Kuts Pool
an Ju	an		County Date Spudded 7-27-57 Date Drilling Completed 9-30-57
Please indicate location:			Elevation 5927 K. B. Total Depth 2187 PBTD
D	C B	A	Top Oil/Gas Pay 2070 Name of Prod. Form. Pictured Cliffs
			Perforations 2071 - 2077
E	F G	H	Open Hole Depth Casing Shoe 2180 Depth Tubing 2079
L	K J	Ī	OIL WELL TEST -
			Natural Prod. Test:bbls.oil,bbls water inhrs,min. Size Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of
M	N O	P	Choke load oil used):bbls.oil,bbls water inhrs,min. Size
	j		GAS WELL TEST -
<u> </u>			Natural Prod. Test: NON8 MCF/Day; Hours flowedChoke Size
bubing Ca	sing and Cer	menting Reco	
Size	Feet	Sax	(proof)
8 5/8	93	50	Test After Acid or Fracture Treatment AOF 733 MCF/Day; Hours flowed 3 Choke Size 3/4" Method of Testing: Back pressure
<u> </u>	7.7	1	
4 1/2	2180	150	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and
			sand): 5,000 gals. water & 5,000 # sand
	İ		sand): 5,000 gals. water & 5.000 # sand Casing Tubing Date first new Press. Press. oil run to tanks
			Oil Transporter
-			Gas Transporter
emarks:	•••••••	***************************************	- ALLITE
•••••••	······	••••••	001 2 3 1957
_	****************		OIL CON. COM
I here			ormation given above is true and complete to the best of my knowledge.
pproved	001 3	9 19 57	19 A. E. RUBANA
0	IL CONSE	RVATION	COMMISSION By: (Company or Operator)
4			(Signature)
			Title Agent Send Communications regarding well to:
tle Sup	ervisor Dis	L # 3	
			Name 184 M. WILLE

Address 115 Seventh St., NW, Albuquerque

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