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

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

## REQUEST FOR (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.

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					(Place)				(Date)	
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	d a Figh		any H.B. B	(Lesse)	, Well No	0	2=4)	in	/4 <b>IE</b>	
			, T. 30W		NMPM.	Blance	e Kees	verde	P	
Unit Late	•						Rece	mpleted		
San J	ua n		County. Date	e Spydded	•	Date	H		4-23-58	
Please	indicate lo	cation:	Elevation		( <b>DF</b> )Tot	_				
DIC	В	A	Top Oil/Gas P	ay 5025	Nam	e of Prod	Form	Mesaverd	.0	
	1650		PRODUCING INT	ERVAL -						
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	24	10,00	OIL WELL TEST	•	<del></del>	_				
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1	į								,min. Size	
M N	0	P	Test After Ac	id or Fracture	Treatment (af	ter recove	ry of v	olume of oil e	qual to volume o	
	'   '	•	load oil used	):bt	ols.oil,	bbls v	water in	hrs, _	min. Size	
		<b></b>	GAS WELL TEST	. <del>-</del>						
			Natural Prod	Test.	● MCF	/Dave House	e flows	d 🗭 Chak	o Siao -	
ıbing Cagl	ng and Come	nting Recor	_				_		.e 512e	
Size	Feet	Sax			ack pressure,			- 4	. 3	
	- · · ·				Treatment: 1					
13-3/84	109	125	Choke Size	Method	of Testing:	One pe				
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	772)	+00							,000 lbs sa	
5=1/2° Liner	1858	175	Casing 941(8	I) Tubing of	1(STete fir	st new (		K-1-68	·	
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352.50 Q1	I ITOA f	aru )/4"	CHOKE WIFE	r ) Hours	was Us JEJ	POAT N	••••••	<u></u>	CON COM	
I hereby	certify tha	at the info	rmation given a	bove is true	and complete	to the bes	t of my	knowledge.	GIST, 3	
proved	<b>X</b>	AY 5 195	B	, 19				Company		
· · · · · · · · · · · · · · · · · · ·					Ori	ginal Signe	ompany e	or Operator)	Delasso Loo	
OIL CONSERVATION COMMISSION				N	<b>Ву</b> :	DeLasso Lo	05	•••••••		
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Urig	*************		ry C. Arno	¶¶,7	I itie				well to:	
la.	Supervis	or Dist.#	3		Send Communications regarding well to:					
JC	••••••••••	•••••••			NameBla	leikwood.	a mo	hole Comp	e MA	
					Pe	O. Box	1237.	Durange,	Colorado	
					Address					

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