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

## 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.

nto the stock	mins. Oas	, must be rep	701.04 011 10.040 P		Durango, Cel	Lorado	August 17	, 1953
				••••	(Place)			ate)
			G AN ALLOWAI				w	
Hlackwood	& Nich	DIS GO.	HE HLan	(Lease)	, Well No	, in	1/4	1/4
(Comj	Sec.	13	T. 30 M , R	8 w	., NMPM.,	Blane	30	Poo
(Unit)	n Juan		County. Date Sp					
Please	indicate k							
			Elevation	60 <b>99</b> 1	Total Depth	53571	, P.B	<del></del>
			_		771'			
	13		Casing Perfo	rations:	None	••••••		0
			Depth to Ca	sing shoe of	Prod. String	¥6861	······	·····
L00'x			Natural Proc	l. Test	·····		1115	ROPI
1190'			based on		bbls. Oil in		Irs I	150
		••••••	Test after ac	id or shot	•••••			<b>B9</b> PI
Casing a	nd Cementi Feet	Sax	Based on		bbls. Oil in	I	Hrs. Cit. O.	COMMIns
10-3/h=	190g	150	Gas Well Po	tential	8942 MCF			
7 <b>*</b>	4674'	100			Neme		Wat same at	
					gas to Trans			
			Transporter	taking Oil	or Gas: P	aso Natural (	Gas Company	· • • • • • • • • • • • • • • • • • • •
Remarks:		·						
		•						
I hereby	certify th	at the infor	mation given abov	e is true ar	nd complete to the	e best of my knov	vledge.	
Approved	C.C.	rgus	27 J. 4	19.5.3	muli i	Company or O	•••••••	
OII	CONSE	/ RVATION (	COMMISSION		By: De o	Casso 7		
	<b>Ori</b> gina	I signed b	Original signe			(Signature	•	
By:			John J. Abend			d Superinten ommunications re		
FitleOil a	nd Gas '	popartor D	vict un		H) ac	kroed & Nich		
					Name	. Bear 611, D		rada
					Address	. DOX OLL U	manka, care	7 440

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