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

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

## REQUEST FOR (GAS) ALLOWABLE

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.

				Astee, Here N	lexico	June 5	(Date)
T ADE U	FRFRV RE	OUESTI	NG AN ALLOWABLE	•	OWN AS:		(223)
			IOH Ste	te Well No		n	
(Cor	mpany or Ope	rator)	(L	case)			
Unit Lot	Her		., T31N, R.9N				
Sen Ju	an		County. Date Spudd	ed5-6-52	Date Drilling	Completed .	7-19-52
Pleas	e indicate k	cation:	Elevation 5922		Depth 5199	Tookast (1)	Henefe
D	СВ	A	PRODUCING INTERVAL -	Name o	or Prod. Form.		
			Perforations k	4942-45, 4576-79	}	Depth	
	F G	H	Open Hole 14850-51	Depth Casin	g Shoe	Depth Tubing	<del> </del>
	KJ	I	OIL WELL TEST -				Choke
'	*   *			bbls.oil,			
	N O	P		bbls,oil,			Choke
			GAS WELL TEST -			al Chala	o.;
			<del>-</del>	61.56 MCF/D			_
ibing ,Cas Sire	ing and Come Feet	nting Meco Sax		itot, back pressure, et			
	<del></del> -			racture Treatment:			1 Towed
<b>10</b> 3/4	221	150	Choke Size	Method of Testing:			
		1	Acid or Fracture Trea	tment (Give amounts of	materials used,	such as acid, w	water, oil, and
7**	<b>4436</b>	455	sand):				
2 7/8	5064		Casing Tubi	ng Date first	new tanks	<del></del>	
<u> </u>	5004					101	
						/ NLU	LIVEU
narks:							2 1959
	Pe		Litubing at Point			1	N. COM.
					*******************************	\ 312 00	ST. 3
I herel	hy certify th	at the inf	ormation given above is	true and complete to	the best of my k		
normed	b, 00. <u> </u> ,	JUN 1 2	<u>1849</u> , 19	PUBCO	PEROLEM C	<b>CRECRAFICM</b>	
proved			•	21/	(Company of	r Operator	
0	IL CONSEI	RVATION	COMMISSION	Ву:	R. Markettigna	July H	m
Orig	inal Sign	ed Eme	ry C. Arnold	Title	r. Prod. Dep	<b>t.</b>	-11
	Superv	isor Dist.	# 3	Seno	l Communication	ns regarding w	en to:
ile			***************************************	NameN	Mexuell,J	<b>*</b>	
				Address <u>1.08</u>	··West··Chusks	Aztec. N	ew Mexico

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