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

## Revised 7/1/57 New Well

## REQUEST FOR (OIL) - (CAS) ALLOWABLE

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.

					P	ermington, No (Place)	w Mexico	November	11, 1958 (Date)
			-			Manual No			<b>SE</b> 1/4
(	Company	or Op	erator)		(Lease)				,
0 Umit	Letter	, Sec	<b>.8</b>	, T <b>31N</b>	, R <b>.14W</b>	, NMPM.,	Verde	-Gallup.Kr	Pool
		San	Juan	County. Date	Spudded.5e	pt. 24,1958	Date Drilling	Completed Oc	t. 14, 1950
Pl	lease ind	licate l	ocation:		-	D. J. Total (	• • • •		
D	C	В	A	PRODUCING INTE		Name of	f Prod. Form.	Gallup	
10	729			Perforations				· · · · · · · · · · · · · · · · · · ·	······
E	F	G	H	Open Hole 2	710 0710	Depth Casing	Shoe 21,721	Depth Tubing	24631
L	K	J	I	OIL WELL TEST Natural Prod.		_bbls.oil,	bbls water in	nhrs, _	Choke min. Size
M	N	#0 <sup>0</sup>	P			Treatment (after		•	Choke
		#3		GAS WELL TEST			SEED WOOL IN	4—··· °' -310-	
Sectio	n 8-3	111-14	<u> </u>	<del></del>		MCF/Day	v: Hours flowed	Choke S	iize
	_	_	enting Recor	. •		ack pressure, etc.			
Size	7	feet	Sax			Treatment:			lowed
OD			_	Ĭ		of Testing:			
10-3/ OD	4 11 1	139	175 (2-stage	Acid or Fractu	re Treatment (	(Give amounts of m	naterials used, su	ich as acid, w	ater, oil, and
7**	2	.80	250	1					
28	EUR 2	. <b>41</b> .		Casing Press.	Tubing Press.	Date first noil run to t	new anks ////0/5	δ <sup>'</sup>	
	<u> </u>					Natural Gas			
			L	Gas Transporte	er			-/ai	1
Remarks:	:	•••••	. *		·····	******	•••••	/ KL	PLIATO
								NO	VI 3 1958
			at the info	#/በህ 1 n 40/E0		and complete to t	COMPANY		CON. COM.
••				COMMISSION	1	By: (Signed	(Company or Call P. E. Cosp	pe <b>r</b>	
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						Title Send	ict Superint Communications	regarding we	ll to:
Title Sul	pervisor	Dist.	# 3			Name			
						Address	·		

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