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.

					(Place)			UCTOD	(Date)
_		-			R A WELL KNO	_	_	ND .	, NTP
	ompany or Op			(Lease)	, Well No	H-T-A149	<i>#.J</i> , 111		/4 ¹ /4
•					, NMPM., N	Los Pi	nos Dak	Exten	aionPoo
Unit L	etter								
san Ji	ien		County. Das	te Spudded	6-4-57	Date Di	rilling Cor Secont	pleted	O-4-2(
Plea	se indicate l	ocation:			Total Name o				
D	CB	A			Name o	r Prod. F	orm	MUCE.	· · · · · · · · · · · · · · · · · · ·
İ.		x	PRODUCING IN						
			_		16; 8338-8361 Depth			Depth	
E	F G	H	Open Hole	27'	Casing	Shoe	8475'	Tubing_	83681
			OIL WELL TES	<u>r</u> -					
Ĺ	K J	I		_	bbls.oil,	hh) e	water in	hre	Choke
		1.					•		
M	N O	- p			reatment (after				Choke
"	. `	•	load oil use	d):bi	ols,oil,	_bbls wat	er in	_hrs,	min- Size
			GAS WELL TES	<u> -</u>					
917'1	1, 1086'B		_ Natural Prod	• Test:	MCF/Da	y; Hours	flowed	Choke	Size
ibing .Ca	sing and Cem	enting Recor	rd Method of Te	sting (pitot,	back pressúre, etc	.):	·		
Size	Feet	Sax	Test After A	cid or Fractur	e Treatment:	5003	MCF/	Day; Hours	flowed 3
			7	45	of Testing:				
3 3/8	223'	225							
9 5/8	38561	1000			(Give amounts of				water, oil, and
1-	- 3-74		sand): 54	,000 gal. 1	vater and 54,	000# a	and.	· 	
7 5/8'	5553'	400	Casing Press.	Tubing Press.	Date first oil run to	new tanks			
	30501	500	Cil Transpor	ter El Pasc	Natural Gas	Produ	ets Com	yeny J	area.
5. TQ.	8368		8	FI Dog	Madural flag	Compar	av.		<u> </u>
masks.	Reker Mo	del "D"		70k3 to #	AL STARTE	+ 6079	•	1	(D)
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								à 1	DIST. 3
I her	eby certify the	hat the info	ormation given	above is true	and complete to	Moderne	n my knov		
proved.	VI (5		**********	, 19	El Paso	(Con	npany or O	perator)	
					By: Origina	l Signed	d D. C	Johnston	
C		RVATION Signed By	COMMISSIO	JN	Бу:		(Signatur	:)	
					Title Petrole	nem Knø	ineer		· ·
•	A, R. Kl	A CAIAICIE	ER DIST. N	0.3	I itie.a.w.wa.wa. Send	Commu	nications r	egarding v	well to:
tleP	ETROLEUN	I ENGINE							
		· ·			Name E. S.				
					Rox	007. T s	raingto	n. New	Mexico

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