NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

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.

			•	Hz Tec N.PA. 5-8-58 (Place) (Date)
WE AR	E HER	EBY RE	QUESTI	NG AN ALLOWABLE FOR A WELL KNOWN AS:
Kil	4. U	Jini	1790	r Crawford, Well No in Ja 1/4 NCD 1/4, (Lesse)
E	Compan	, Sec	30 30	T 29, R 11 W, NMPM, Kulcher-Kut Pool
		,		County. Date Spudded Dute Drilling Completed 5-7-50
		dicate lo	•	Elevation Total Depth PBTD
D	С	В		Top Oil/Gas PayName of Prod. Form
				PRODUCING INTERVAL -
E	F	G	H	Perforations Open Hole 1520-1555 Depth Casing Shoe 1530 Depth Tubing 15-60
L	K	J	I	OIL WELL TEST - Choke
				Natural Prod. Test:bbls.oil,bbls water inhrs,min. Size Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of
M	N	0	P	load oil used): bbls,oil, bbls water in hrs, min. Size
				GAS WELL TEST -
				Natural Prod. Test: MCF/Day; Hours flowed Choke Size
_ '	•	_	ting Recor	Method of Testing (pitot, back pressure, etc.):
Size	- <u>- </u>	Feet	Sax	Test After Acid or Fracture Treatment:MCF/Day; Hours flowed
107	4 4	02		Choke Size Method of Testing:
18	8	05		Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and
2				sand): Casing Tubing Date first new
	/5	20		Press. Press. oil run to tanks
1.	/	560		Gas Transporter Southenn Union Gas Co.
Remarks			qne	1 Out To T.D. & Re-run /4 bing
Tu	bir	9.1	Had	Bean Plugged & Well
		· · · · · · · · · · · · · · · · · · ·		20990 OUT
	•	rtify that MAY 8	the info 1958	rmation given above is true and complete to the best of my knowledge.
Approve	d			(Company or Operator)
	OIL C	ONSERV	'ATION	COMMISSION By: 1 / (Signature)
Bv:	riginal	Signe	d Emer	y C. Arnold Title Operator
,	S.,	nervisor	Dist. # 3	Send Communications regarding well to:
Title		P0111301	π ·	Name K. H. Wininger
				Address 2210 F. Waverly
				Turan Ariz

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