## NE MEXICO OIL CONSERVATION COM SSION 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.

					(Place)	ne Meach	A9.,	A24	(Date)	195
E ARE HEREBY REQUESTING Simulair Oil & Gag Co. (Company or Operator)								SE	/ <b>45M</b>	<sup>1</sup> /4,
			T. 12	R 36	, NMPM.,	Glad:	lala - B	ewant es		ъ
				,	,	••••		7.7.544.44A.	••••••••••••	P001
	I	<b></b>	County. Da	te Spudded	5-4-57	Date	Drilling G	mpleted	4-10	-57
Plea	se indicate		Elevation	3573	Total	Depth	11960	PBTD_		
D	CE		Top Oil/Gas	Pay119	Name Name	of Prod.	Form	eventes		
	ا ا	'   A	PRODUCING IN	TERVAL -						
			Perforations	Mone						
2	F G	H		11935-1196	Depth		33000	Depth		
	1				Casin	g Shoe	11935	Tubing_	11,4	<u></u>
<u>.                                    </u>	K J	ī	OIL WELL TES	_						·
7			Natural Prod	. Test: 416	bbls.oil,0	bb1	ls water in	🔼 hrs,	min.	Choke Siz
			Test After A	cid or Fractur	e Treatment (afte	r recover	y of volume	of oil ea	al to volu	me of
4	N O	P			bls,oil,			-	Chal	_
- 1	I							,	_min. 21ze	
<del></del>			GAS WELL TES	_						
<del></del>			- Natural Prod	• Test:	MCF/Da	ay; Hours	flowed	Choke	Si ze	
bing ,Cas	sing and Cer	menting Recor	Method of Te	sting (pitot,	back pressure, etc	c.):				
Size	Feet	Sax	Test After A	cid or Fracture	e Treatment:		MCF/	Day; Hours	flowed	
4					of Testing:					
3 3/4	303	350	-							
9 5/8	4524	24.56	_	_	(Give amounts of	material	s used, suc	n as acid,	water, oil,	and
			sand):	ione						
7×	1193	150	Casing Press		Date first oil run to					
					ice Pipe Lin					
2"UE	1194	5	l .							
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CE LED	****************	***************			*********************		**** **********	**************		
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I hereb	y certify t	hat the info	rmation given	above is true	and complete to	the best	of my know	ledge.		
roved		AUG	14 195/	, 19	Simulair		Ors Com	10.00T		
				•		Cor	npany or Op	erator)		
OI	L CONSE	RVATION	COMMISSIO	N	Ву:	Del.	Ulles	••••••		
	5		<del></del>				(Signature	)		
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	an IT	R. HD. N	le .		Tab	he. He	or Marria			