## REQUEST FOR (COME) - (GAS) ALLOWABLE

New Well

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.

		-	•		Dallas,	Texas	••••••		11-25-59
					(Place)				(Date)
			NG AN ALLO						
			Inc.	Jicarilla	, Well I	No	÷7, in	SW	1/4 SW 1/4,
, -	mpany or Op , Sec.			(Lease) ., R. 5W	, NMPM.,	Bal	lard P	C	Pool
R	io Arri	ba	County. Dat	e Spudded2.	15-59	Date	Drilling	Completed	9 <b>-24-5</b> 9 2115
Pleas	se indicate l	ocation:	Elevation	6658	To	otal Depth_	2160	PBTD	2115
D	C B	A	Top Oil/Gas F		Na	me of Prod.	Form.	Pictur	ed Cliffs
			Perforations		2050 -	20681			
E	F G	H	Open Hole	**	De Ca	pth sing Shoe	2160	Depth Tubing	2069 <b>±</b>
L	K J	I	OIL WELL TEST	-	bbls.oil.	bł	ols water i	in hrs.	Choke min. Size
									qual to volume of
1	N O	P	load oil used	i):bbl	ls,oil,	bbls v	water in _	hrs,	Choke min. Size
X			GAS WELL TEST	-					
	<u> </u>		Natural Prod.	Test:	MC	F/Day; Hour	rs flowed _	Choke	Size
Tubing ,Cas	ing and Come	nting Record	d Method of Tes	sting (pitot, b	ack pressure,				
Size	Feet	Sax	Test After Ac	id or Fracture	Treatment:_	83	MC	CF/Day; Hoor	rett oweur
8-5/8"	116	100	Choke Size N	one metros	of Tescinor	7-day	shut 1	n press tubing	ures:
5-1/2"	2160	100		ure Treatment (					water, oil, and
1-1/4"	2062		sand): 21	Tubing Press.	Date fi	rst new	40,00	Of Balla	
			1		oli rur	to tanks			
			Cil Transport	er80	uthern	Union	Gas Co	mpany	f '
Remarks:	1		- Gas Transport	er				/K	
Remarks:				•••••			*******		<u> </u>
				******************	***************************************		************		••••••
I herel	by certify th	at the info	rmation given	above is true a	ınd complete	e to the bes independent	t of my kr	owledge. rations	Tnc.
Approved	***************************************	144 X (	1959	, 19			ompany or		
<b>O</b> !	IL CONSEI	RVATION	COMMISSIO	N	Ву:	<u>(                                    </u>		ly h	/
		Original S	Signed By			774	Signat	•	
•	OOLEHNA I				TitleS			s regarding	well to:
Title	VOLEDIM	CNGINEE	R DIST. NO.	<b></b>	Name		C. W.	Josey,	Jr.
		t v			Address	417	Meadow as 6,	s Build Texas	ling

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	ACTED DISTRICT OFFICE
	Marie (Offi
	 of the format
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