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

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

## REQUEST FOR (OIL) - (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.

					(Place)				(Date)	
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um Lott Arriba	, 3ec.		County. Dat							
Please indicate location:		Elevation	0117	Tota	l Depth_	2,1,0	PBT	7,50		
	В	A		ERVAL - 502	Name 6-50 <b>3</b> 4;5051 6;5546-5555	-5060;	512-552	•		<del></del>
+-	G.	H	Perforations_ Open Hole		Dept Casi	h	<del></del>	Depth Tubin	7077	
F	C J	I	OIL WELL TEST	•	bbls.oil,	bł	ols water in	hr.	s. min.	Choke Size
N	1 0	P	Test After Ac	id or Fractu	re Treatment (aft	er recove	ery of volum	me of oil	equal to vol	ume of
1500	8, 850 W		GAS WELL TEST					···································		·
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ig "Casi Size	ng and Come Feet	SAX			back pressure, e					
3/4"	160	180	Choke Size	Metho	re Treatment: d of Testing:	Calcre	Lated A.	O.F.	rs flowed	<u> </u>
5/8"	3 <b>48</b> 8	155			(Give amounts o					
<u>1</u> "	2336	490	Casing Press	Tubing Press.	991 oil run t	t new o tanks	<u>., </u>	<del> </del>	ever a 2	<u></u>
ì."	<del>7603</del>		Oil Transport	er El Pen	o Natural	Gas Pr	ducts C	SHIPPRY		
	3376 Beker M	del "H"	Gas Transport	ET SYLL	o Natural C		репу	R	ECELV	
·····			•••••			·····				960
hereby	certify th	at the info	ormation given	above is true	and complete t	o the bes	t of my kno	owled col	L CON. DIST.	COM.
OIL CONSERVATION COMMISSION					ORIGINAL SIGNED A.M. SMITH					
Original Signed By					(Signature) Title Petroleum Engineer					
A. R. KENDRICK  PETROLEUM ENGINEER DIST. NO. 3					Send Communications regarding well to:  Name					
				÷.,	Name		<b></b>			