NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

(Form (0-104) Revised 7/1/57

REQUEST FOR () - (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.

				Astec, New Mer (Place)	E100 S	egtenber	(Date)
ARE HI	EREBY R	EQUESTI	NG AN ALLOWABLE	E FOR A WELL KNO	WN AS:		
Pubco 1	FROM	M CORPOR		, Well No9	• 2 , in	83	1/41/4
	pany or O		,	icase)	2 4\		
Unit Lette			, T x (, Rs	, NMPM.,		<u>54499</u> 9	P00
San Ju	IGT)		County. Date Spude	led 7-20-57	Date Drilling	Completed	8-27-57
	indicate		Elevation CCA	Total De	pth	PBTD	
			Top Oil/Gas Pay	2177 Name of	Prod. Form.	Pietur	ed Cliff
	В	A	PRODUCING INTERVAL -				
			Perforations 217	r-87, 2193-95, 219	7-9900, 990	7-19. 99	16-00, 0006
E OF	G	H		Depth Casing S			
				Casing			
LK	J	I	OIL WELL TEST -				Choke
' "	` "	1	_	bbls.oil,			
			Test After Acid or F	racture Treatment (after)	ecovery of volu	ume of oil e	qual to volume of
N N	0	P	load oil used):	bbls.oil,i	bls water in	hrs,	min- Size
			GAS WELL TEST -				
				MCF/Day	. Harris - Elaria	Chak	. C:
			_				
- •				itot, back pressure, etc.			
Size	Feet	SAX	Test After Acid or F	racture Treatment: 25	53	CF/Day; Hour	s flowed 3
9 5/8	100	100 re	Choke Size 3/4	Method of Testing: 3-b	ur test th	mough 1"	: 0-120k
	2000	50 reg		atment (Give amounts of ma	terials used. s	such as acid	water, oil, and
7*	2278	50 str.		Ls. water, 40,000			
			casing Tub	ing Pate first no ss. 761 pes il run to ta	W.	-	
1"	2218				inks		100
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				El Pago Butu		hens. \	IVLU :
narks:						<u>†</u>	~~####################################
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I hereby	v certify t	hat the info	ormation given above i	s true and complete to th	e best of my ki	nowledge.	***
nrowed	901.8	1957	, 19.	FUECO PAIN			······································
proved					(Company or	Operator)	MI 1
OIL CONSERVATION COMMISSION				Ву:	IL.L.	Masu	WP W
Original Signed By			•	(Signal	ture) #e/ #e	The state of the s	
A. R. KENDRICK			Title	Title			
) () (C) 1 × 4	F1.5.		Send C	Communication	s regarding	well to.
le	CULEUM	LNGINE	ER DIST NO 3		********		
				4 1 1044 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			
				Address			