## (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.

WABLE FOR A un 29-4 Unit (Lease) , R	., Well No  NMPM.,  12-57.  Total  Name of 6264-6	RLs  Date Depth  Of Prod.	Drilling Co 6680'	mpleted	Pool
(Lesse) , R	NMPM., 12-57. Total P.) Name of the control of the contro	Date Depth_	Drilling Con 6680'	mpleted	Pool
R	-12-57. Total R.) Name of 5; 6264-6	Date Depth of Prod.	Drilling Con 6680'	mpleted MOCK (	10-1-57 3.0. 6610'
e Spudded9	-12-57. Total R.) Name of 5; 6264-6	Date Depth of Prod.	Drilling Con 6680'	mpleted MOCK (	10-1-5; 3.0. 6610'
7342' <sub>ay</sub> 6152'(Peri ERVAL 6152-6176 6579-6589	Total P.) Name of	Depthof Prod.	6680'	XDCX_(	:.0. 6610'
6152'(Peri 6152-6176 6579-6589	Name of 6264-6	of Prod.	Form. M		
61 <b>52-617</b> 6	6; 6 <del>264-</del> 6				
6579-6569   One	<del>}</del>		430-0470	; 6520-6	
	Depth Casing	g Shoe	6649'	Depth Tubing	6577'
	ls.oil,	bb:	ls water in	hrs,	Choke min. Size
					Choke
<b>-</b>					
Test:	MCF/D	ay; Hour	flowed	Choke	Size
id or Fracture Tre	atment:	1523	MCF/	Day; Hours	flowed3
		<del></del>			
ure Treatment (Give	e amounts of	materia!	Ls used, suc	h as acid,	water, oil, and
Tubing Press. 1136	, Date first  Oil run to	new tanks		_	
er Kl. Paso Na	tural Ga	s Prod	ucts Com	Davis.	HILD 1
er El Paso Na	tural Ga	s Com	eny	14.3	<del>- 1968 -</del>
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		••••••		<b>\</b> C.\.`	
WOOAC TO CITIC MICE	complete to		,	_	na w Saats Sas
, 19	El Paso	<b>Nathire</b> (C	ompany or O	perator)	***************************************
_	Origi)	nal Sign	ed F. H. W	00D	
lđ T:	Petrol	eum K	ngin <b>ee</b> r		
II	Send	Comm	unications r	egarding w	ell to:
N7.	E. S.	Ober	Ly		
				L 17	Marries
Total B	dicid or Fracture Tre d): bbls.o  Test: esting (pitot, back dicid or Fracture Tre 3/4" Method of T  ture Treatment (Give 7 Press. 1136 eter El Paso Ne eter El	. Test:bbls.oil,cid or Fracture Treatment (after cd):bbls.oil,	bbls.oil,bbls.oil  cid or Fracture Treatment (after recovered):bbls.oil,bbls was a constant.  Test:MCF/Day; Hours.  cid or Fracture Treatment:	bbls.oil, bbls water in cid or Fracture Treatment (after recovery of volume cd): bbls.oil, bbls water in bbl	bbls.oil, bbls water in hrs, cid or Fracture Treatment (after recovery of volume of oil equid): bbls.oil, bbls water in hrs, cid or Fracture Treatment (after recovery of volume of oil equid): bbls.oil, bbls water in hrs, cid or Fracture Treatment: 1523 MCF/Day; Hours 3/4" Method of Testing: Calculated A. O. F.  ture Treatment (Give amounts of materials used, such as acid, company and complete to the best of my knowledge.  Tubing Date first new Date first new press. 1136 oil run to tanks  ter El Paso Natural Gas Products Company  ter El Paso Natural Gas Company  Company or Operator)  By: (Company or Operator)  ON By: (Signature)  Title Patroleum Engineer  Send Communications regarding water and complete to the pass of the manual complete to the company or operator)

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