## 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 oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

itto die s	tick talks. Ou	r must be r	sported on 10.	025 p.112 41 00		1, N.M.	July 23	, 1956
					(Place)			(Date)
		-			R A WELL KN		rit.i	CSJ
	so Matural Company or Op		THEAT	(Lease)	, Well No	,	in	1/4
L	Sec.	31	T 30M	R 10W	, NMPM.,	Blanco		Poo
	Letter							
8	an Juan		County. Da	ite Spudded	5-19-56	, Date Com	pleted	) <del>-</del> 50
Pl	lease indicate l	ocation:	_					
D	CB	A	Elevati	on <b>5969!</b>	Total De	epth 4926	, page	c.o. 4910'
E	F G	Н		• • •	66' (Perf.)			
			Casing	Perforations:	4666-4680, 4 4894-4908.	1722-4735, 4	841-4852,	4864-4884, or
L X	Кј	1	Depth	to Casing sho	of Prod. String	4195-492	2 (Liner)	
M	N O	P			***************************************			<b>BOP</b> D
			based o	onn	bbls. Oil	in	Hrs	Mins
165	0 <b>'8,</b> 990'W		Test af	ter acid or sho	ot			ВОРГ
Cast	ing and Coment	ing Record	Rased (	nn.	bbls. Oil	in	Hrs	Mins
Size	Feet	Sax						
10 3/	161	125	Gas W	ell Potential.	1 <b>08 -</b> 7874 14	CF/D, Ch. Vo	Lume - 4()	L5 MCF/B.
7 5/	8" 42631	600	İ					
5 1/	2" 727'	125	Date fi	rst oil run to t	tanks or gas to Tr	ansmission syste	m: W/o Pir	peline
2"	48541		Transp	orter taking C	Oil or Gas:	L Paso Matur	ral Gas Con	peny
Remarks	::							
•••••								
					e and complete to	the best of my L Paso Natu	know cige.	
Approve	d		JUL 2.5.19	<b>56</b> , 19	B.	(Company	Operator (	
	OIL CONSE				ву:	Jelinst	OH 25	10.
_			· /ham	d	Tiele Po	etroleum Er	iner	356
Ву:	6116	11/1	L. 4.4.4.	7	TitleSene	d Communication	on regarding	well, to:
TitleO	MI and Gas I	nspector	nigr 1 4.		NameE	. J. Cod.		<u> </u>
					В	ox 997, Far	mington, N	.M.
					Address			

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