NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well Recompletion

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.

to the stoc.	k tallis. Gu,		1	D	allas, Texas		Sept. 27,	, 1954
				••	(Place)			(Date)
ARE H	EREBY RE	QUESTING	S AN ALLOWAI	BLE FOR	A WELL KNOW	N AS:		
			eny Ca		, Well No. 1	, in.	JE 1/4	NE 1/4
(Cor	npany or Ope	rator)	-r 30=N r	(Lease)	, NMPM., Azte	: Pictured	Cliffs	Poo
(Unit)	·							
San J	uan		County. Date Sp	udded 3	-4-54	Date Comple	ted 8-17-	54
Pleas	e indicate lo	cation:						
		0	Elevation,	57 72 D	F Total Depth.	2369	, P.B	
			Top XX l/gas	pay	22861	Prod. I	Form2301.!.	-236 91
	3		Casing Perfo	orations:				0
			Depth to Ca	sing shoe	of Prod. String230) 1'		······································
			Natural Proc	d. Test				ВОРІ
			based on		bbls. Oil in		Hrs	Min
		***************************************	Test after ac	cid or shot	•••••			B OP1
Casing Size	and Cementi	ng Record Sax	Based on		bbls. Oil in		Hrs	Min
		750	Gas Well Po	otential	1,419.82			
9 - 5/8	165'	150	Size choke i	in inches	l" Tubing			
5-1/2	23121	150	Date first oi	l run to ta	nks or gas to Transn	nission system	:	
			T	. Anliima Oi	l or Gas:Souther	n linion Ga	s Compa ny	
1"	23221		1 ransporter	taking O	I of Gasb.ca			
emarks:				-				N. S
							<u> </u>	
I here	by certify th	at the inform	nation given abo	ve is true	and complete to the	best of my kr	nowledge.	
pproved		SEF	2 9 1954	19. 54	Southern Uni	on Gas Con	Operator)	
								The state of the s
О	IL CONSE	RVATION C	COMMISSION	noid	By: A. M. WIE A. M. Wiede	vcnnenk rkehr (Signat	ure)	
	Origina	Signed I	Emery C. Ar	noiu	Title Manager E	mloration	n.Dent	
y:			,	•••••	Send Co	mmunications	s regarding we	ll to:
itle		u das insp	ector Dist. #3	•••••	Name Southern	Union Gas	s Company	
					Address. 1001Bu			xas

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Transporter			
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