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.

				Parmington, (Place)	New Hexico	Soytani	(Date)
ARE HE	REBY RE	QUESTI	NG AN ALLOWABLE	E FOR A WELL KN	IOWN AS:		
			Gren	der , Well No.	, in	/	4
(Comp	any or Oper	20 20	T 315 , R 1	Lesse) 1W NMPM.,	Blanco		Poo
Unit Letter	•						
			County. Date Spude	Tota	Date Drilling	PRTD	5057
Please	indicate lo	cation:	Elevation_	66 Name	of Prod. Form.	Monverde)
D C	В	A		Name	01 11000 101		
j	į	ł	PRODUCING INTERVAL	870 - 4944			
E F	G	H	Perforations	Dept Casi	7 520%	Depth	4979
		"	Open Hole	Casi	ng Shoe	Tubing_	471 7
	_ _		OIL WELL TEST -				Choke
L K	J	I	Natural Prod. Test:	bbls.oil,	bbls water	inhrs,	min. Size
		i	Test After Acid or F	racture Treatment (aft	er recovery of vol	ume of oil equ	ial to volume o
M N	0	P	load oil used):	bbls.oil,	bbls water in _	hrs,	Choke _min. Size
l			GAS WELL TEST -				
		<u> </u>				Ch alia	C!
				MCF/			51 Ze
ubing ,Casi	ng and Comer	_		oitot, back pressure, e			
Size	Feet	Sax	Test After Acid or F	racture Treatment: 🕍	7 2773 M	CF/Day; Hours	flowed
		125	Choke Size	Method of Testing:	Book Liden	11.0	
10 3/4	176	125	The Secretary Tree	atment (Gi ve amounts o	f materials used,	such as acid,	water, oil, and
5 1/2	5104	100	i				
0.2/9	5001		Casing Tub Press Pre	oing Date firs	t new	inmanted	
2 3/8	4979		PressPre	ess. M. way oil run t	o tanks		
			Oil Transporter				
				Southern Dolon			4.4
emarks:	This ye	11 is	a dual completion	•		***************************************	
	*************		*******************************	*******************************	*****	······	
			***************************************			3	SEP 18 195
I hereby	certify th	at the in	formation given above	is true and complete	to the best of my k	nowledge O	L CON. CO
pproved	0.55		7, 19.		OIL & GAS C	MEATY.	DIST. 8
pp.o.o.				α	(Company o	r Operator)	
OII	CONSER	VATIO	N COMMISSION	Ву:	(Signa	ture)	
					lstrict Super	•	
y: <u>Ori</u>	ginal Sig	ned E	meryCArnold	TitleSe	nd Communication	ns regarding	well to:
Tala	Supervisor	Dist. #	3		ce C. Salmon	3 0	
itle				Name		******	
				Address	ne 786, Parmi	ngton, Im	/ Hoxico

OIL CONSERVATION COMMISSION AZTEC DISTRICT DEFICE				
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*1939 . Sod 7 - 50 - 1				
Transporter				
File				

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