## 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.

		-	ING AN ALLOWABLE			12.	<b>E</b>	
(Con	npany or O	perator)	(Le	asc)				
<b>X</b>	Se	c <b>19</b>	, T3111 R14	, NMPM.,	Yerdo-Cal	lap	Po	
Uan La	The same		County. Date Spudde	8-10-57	Data Dwilling	Completed 9	-1k-57	
			Elevation 5			PBTD		
Please	e indicate	location:	Top Oil/Gas Pay			Ferdo-Gallup		
י ן פ	C   B	A	PRODUCING INTERVAL -					
			Perforations	2000	:			
E 1	F G	H	Open Hole 2052 - 3	Dep	oth ing Shoe 2552	Depth Tubing	Δ	
		;.		Cas	ing silve	rubing 2		
<u>.</u>   ;	K J	I	OIL WELL TEST -				Cho	
		. 6	Natural Prod. Test:					
,   ,	N O	P	Test After Acid or Fra		_		Choke	
1	N O	P	load oil used):167.7				. Size	
			GAS WELL TEST - BLS	pump efficie	ngal amp into	, 530 BOPD		
			Natural Prod. Test:	MCF	/Dav: Hours flowed	Choke Size		
4 0	ton and Con	menting Reco			_			
nng ,cas: Sire	ing and Ger Feet	SAX	• •		<del></del>	,		
	1		Test After Acid or Fra				ved	
3 5/8	107	100	Choke Size Me	thod of Testing:				
5 <u>}</u> "	2952	35 20g	Acid or Fracture Treatment	ment (Give amounts	of materials used, s	uch as acid, wate	r, oil, a	
		35 str.	sand): 622 becrei	e oil: 20.000	f sand: 30 RM	injection :	nto	
2"	oors.		Casing Tubin	o Date fir	st new to tanks	-		
<u>x</u> .	29/6	<del>- </del>	Oil Transporter El I			-	ä.	
			Gas Transporter			1 6	C.	
na ales :			Gas Transporter			19,00	10	
ш <b>агк5</b> :		•••••				C <sub>1</sub>		
•••••				************************	••••••	3/4	(3)	
						C. deplace	6) T	
I hereb	y certify t	that the inf	ormation given above is	true and complete	to the best of my ki	Content A		
roved			SEP 2 4 1957 , 19		(Company or			
^-			COMMISSION	<b>R</b>	A. C. Mail	edle	*********	
OI.	L CONSE	KVAIIUN	COMMISSION	Бу :	(Signat	ure No E. Mas	mell,	
Origin	al Sign	ed Emer	y C. Arnold		r. Pred. Dept.	********		
Original Signed Emery C. Arnold				Se	Send Communications regarding well to:			
le Supervisor Dist. # 3				N H	Name. No E. Manuell, Jr.			
				Address 1	06 West Charles	Astec, New	Harrior	

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