REQUEST FOR (OIL) - (******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.

					Antes, Now.	Maxico	Jenna	y 13, 1958 (Date)
E ARE H	EREBY R	EQUESTI	NG AN ALLO	WABLE FO	R A WELL KN	OWN AS:		
	npany or Op		MICH N	centain Ut (Leac)	, Well No	19-3	, in 	!/ <u></u>
	Sec		., т31.		, NMPM., T	erde Gel	lu <u>y</u>	Р
Sen	Juan	************	County. Dat	e Spudded 12	2-5-57	Date Dril	Lling Complet	ted 12-30-5
Pleas	e indicate l	ocation:						PBTD
_	C B	A	PRODUCING INT		Name o	of Prod. For		rde Gellup
E	F G	H	Perforations_Open Hole_26		Depth Casin	g Shoe_261	7 KB Tr	epth ubing 2641
L	K J	I	OIL WELL TEST		bbls.oil,	bbls w	BGPD ater in	Cho_hrs,min. Siz
M :	N O	P	Test After 🙇	184 S Fracture	e Treatment (after	r recovery o	f volume of i	oil equal to volume Choke s,min. Size_
			GAS WELL TEST	-	158.52 BOPD 1	race, cli		
···		 _	. Natural Prod.	Test:	MCF/D	ay; Hours fl	owed	Choke Size
bing ,Cas	ing and Cem	enting Recor	d Method of Tes	sting (pitot,	back pressure, et	c.):		
Size	Feet	Sax	Test After Ad	cid or Fractur	e Treatment:		MCF/Day;	Hours flowed
8 5/8	93.76	100	Choke Size	Method	of Testing:			
		2 stages	Acid or Fract	ure Treatment	(Give amounts of	materials u	sed, such as	acid, water, oil, a
51	2607	600	sand): 730	bhla. oil.	. 20,0005 em	eds 43 be	m. et 70	04
Q ⁿ	2611		Casing Press. 15	Tubing Press	Date first oil run to	new tanks	1-10-	58
	-				Pago Batura			-
					(Not comes			10 6 6
marks:	Region	rt. 22. đag	m ellemeble	for Jum	ery. 1958 2	12 berre	8	002
								10 C
I hereb	y certify th	at the info	rmation given	above is true	and complete to	the best of	my knowled	ge.
					Pin	io parail		
•						(Compa	iny or Operat	(or)
OI	L CONSE	RVATION	COMMISSIO	N	Ву:		Signatur =	. E. Marwell,
Onig	inal Sign	ned Emer	ry C. Arnol	ld		More Bu	d. Dent.	
				***************************************	TitleSend	Communic	ations regar	ding well to:
tle ^{Su}	pervisor D	st. # 3	*******************		NamePu			
					Add-4, 106	Seat Cha	ske. Asta	e, New Mercieo

•	OFF COMPERIN	OIL CONFLETZATION COMMISSION					
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