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

					(Place)				(D	ate)
cuther		as Compa		OWABLE FOR Ute Indian (Lease)	, Well I			nNW	.¼	NW /4
•	• •		, T 31N	, R 15W		У	erde Ga	llup	••••••	Poc
San Juan Please indicate location:			Elevation_	5556 DF	Tc	otal Depth	2555	PBTD	D	
D	C B	A	Top Oil/Ga PRODUCING	s Pay	N	ime of Prod	d. Form	Gal. Lup		
: ;	F G	H		ns <u>2</u>]i	D.	pth sing Shoe	25 55	Depth Tubing		
	K J	Ī	OIL WELL T	<u>EST</u> - od. Test: <u>152</u>	bbls.oil,	1	obls water	in <u>24</u> hrs	·!	Choke min. Siże_
1	N O	P		Acid or Fractur sed):b EST =						Choke
dng "Cas: Sire	ing and Cemen Feet	Sax	Method of Test After	od. Test: Testing (pitot, Acid or Fractur Method	back pressure e Treatment:	etc.):		MCF/Day; Hour	s flowe	d
1/2	2555	80	sand):	Tubing	Date fi	rst new				
			l .	orterLo_					- Or 15:	
02FK5:								10,	4	<i>!</i>
I hereb	by certify that	at the info	rmation give	n above is true	and complet	e to the be Souther	est of my k	nowledge. Gas. Comp. r Operator)	CO/S7	
I hereboroved	oy certify that the the the the the the the the the th	vation	commiss	n above is true	and complet	e to the be Souther	cst of my ken Union Company of ASigna	nowledge. Gas. Comp. r Operator) ture) intendent is regarding	CO, DIST	

DEL COMPREMIENT DE PROPERTIES

1

-..