NEW MEXICO OIL GONSERVATION 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.

				Place)	sept.	(Date) 1955
				R A WELL KNOWN AS:	: */	
(Company or Operator)			(Lease)	, wen No	, in/4	4
(Unit)	, Se	c 11	, T 314 , R 154	, NMPM.,		Poo
San J	WARD		County. Date Spudded	Sept2,1955, Date Co.	mpletedsep &1	81955
	e indicate					
			Elevation5585(E) Total Depth21.00	, P.B	••••••
-			Top oil/gas pay	Name of Pro	od. Formgallup	
			Casing Perforations:			or
			Depth to Casing shoe	of Prod. String2335	·····	····
			Natural Prod. Test		•••••	BOPD
		•	based on	bbls. Oil in	Hrs0	Mins
	••••••	••••••	Test after acid or sho	hot treated	••••••••••••	B OPD
Casing Size	and Cemen Feet	ting Record Sax	Based on	bbls. Oil in	Hrs	Mins.
10-3/4	130	30	Gas Well Potential		······································	
7"	-	80	Size choke in inches			
	2335	500	Date first oil run to t	anks or gas to Transmission syst	tem:Sept23,	1355
<u>.</u>			Transporter taking Oil or Gas: daico sefining co. and four states			
marks:		o is taxi	ng first oil, but fo	PROCESS OF TESTIN	ly be called u	on to
Tes		_		D AS SOON AS AV		
I hereby	v certify th	nat the infor	mation given above is true	and complete to the best of my	y knowledge.	FIFTI
proved		<u> </u>	- 2 3 , 19 S J	C. M. Carroll Company	or Operator	rP[]\{
,	, s*		COMMISSION	By: Roy Twen (Sig	gnature) O/L	ON COM
:ن	Co. Cx. Liga.	(((, ,	(4)	Title Sus 1 Send Communicati	ions regarding well	to:
:le	Oil and C	Sas Inspect	or Dist. #3.	Name Name	Dive	
				Address	Markey Name State	

CIL CO 15-13-A-10: COMMIN-SSON