## NEW EXICO OIL CONSERVATION COMM. SION Santa Fe, New Mexico

(Form C-104) Revised 7/1/57

## 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. Gas must be reported on 15.025 psia at 60° Fahrenheit.

|                           |             |                            |   | Midiano, 16         | RAAS               | Sept.     | ••••••      | •••••       |
|---------------------------|-------------|----------------------------|---|---------------------|--------------------|-----------|-------------|-------------|
|                           | urbrby f    | POLIFET                    | INC AN ALLOWANTED DO  | (Place)             |                    |           | (Date       | :)          |
| WE ARE HEREBY REQUESTI    |             |                            |   |                     |                    | -2747     | ু ক         | •           |
| rua_t_pi                  | mpany or O  | perator)                   | Markham State   |                     | <del>. !</del> , i | n         | /4          |             |
| 0 Sec32                   |             |                            | •   | •                   | North Gladi        | ola Devo  | nion        | Pool        |
| Unit L                    | itter       |                            |   |                     |                    |           |             |             |
|                           | Lea         |                            | County. Date Spudded  |                     |                    |           |             | , 195'      |
| Please indicate location: |             |                            | Elevation 3889 D.F  |                     |                    |           |             |             |
| D                         | C B         | A                          | Top 0i1/Gas Pay 1204  | .6 Name of          | Prod. Form.        | Devonion  | <u> </u>    |             |
|                           |             | -                          | PRODUCING INTERVAL -  |                     |                    |           |             |             |
|                           | _           |                            | Perforations 12046  | -12063              |                    |           |             |             |
| E                         | F G         | H                          | Open Hole None  | Depth               | Shoe 1066          | Depth     | 12054       |             |
|                           |             |                            |   |                     |                    | 1001110   | ,           |             |
| L                         | KJ          | Ī                          | OIL WELL TEST -   |                     |                    |           |             | Choke       |
|                           |             |                            | Natural Prod. Test: None  | bbls.oil,           | bbls water         | inhrs     | s,min.      | Size_       |
|                           |             |                            | Test After Acid or Fractu   |                     |                    |           |             |             |
| М                         | N O         | / P                        | load oil used):1001   | bbls,oil, <u>20</u> | bbls water in _    | 6 hrs, (  | Omin. Siz   | re 3/4      |
|                           |             |                            | GAS WELL TEST -   |                     |                    |           |             |             |
|                           |             | •                          | <del></del>   | ,                   |                    |           |             |             |
|                           |             |                            | Natural Prod. Test:   |                     |                    |           |             |             |
| _ *                       | ing and Com |                            | Method of Testing (pitot,   | back pressure, etc. | ):                 |           |             |             |
| Size Feet Sax             |             | Test After Acid or Fractus | re Treatment:   | M                   | CF/Day; Hour       | s flowed  |             |             |
| 13 3/8 328                |             | 425                        | Choke Size Method   | d of Testing:       |                    | *         |             |             |
|                           | <u> </u>    |                            |   |                     |                    |           | <del></del> |             |
| 8 5/8                     | 8 5/8 4462  |                            | Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and |                     |                    |           |             |             |
| 5 1/2                     | 12,066      | 1255                       | Casino Tubino   | d acid 1500 (       | ew                 |           |             |             |
| 3 1/2                     | 12,000      | 1233                       | Press. Pkr. Press. 1  | 10 oil run to t     | anks <u>8-31-</u>  | 57        |             |             |
|                           |             |                            | Oil Transporter Magn  | olia Pipe Line      | e Company          |           |             |             |
| 2 3/8                     | 12,054      | <b></b>                    | Gas Transporter None  |                     |                    |           |             |             |
| Remarks:                  |             |                            |   |                     |                    |           |             |             |
|                           |             |                            |   |                     |                    | ,         |             |             |
|                           | ••••••      | ••••••                     |   |                     |                    |           | ••••••      |             |
|                           |             |                            |   |                     |                    |           | ••••••      |             |
|                           | -           |                            | ormation given above is true  |                     |                    |           |             |             |
| Approved                  | •••••       |                            | , 19  | Ralph Lo            | (Company or        | Operator) | ••••••      |             |
|                           |             |                            |   |                     |                    | _         |             |             |
| OI                        | L CONSE     | RVATION                    | COMMISSION  | Ву:                 | (Signat            | ure)      |             | <del></del> |
|                           |             | 7                          | en e  | is a manual         | (                  |           |             |             |
| y:                        |             |                            |   | Title Agent         | Communication      |           | well to:    |             |
| litle                     | 1           |                            |   |                     |                    | _         |             |             |
|                           |             | ••••••                     |   | NameRalph           | Lowe               |           |             |             |
|                           |             |                            |   | Address Box         | 832. Midla         | nd Texas  | 3           |             |
|                           |             |                            |   | [3441 CO            |                    |           |             |             |