NEW MEXICO OIL CONSERVATION COMM SION 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.

NE	ARE F	HEREBY I	REQUESTIN	NG AN ALLOWABI		(Place)			.a	(Date)	
T	ne Te	EXAS CO	mpany	St. of N.M.	"BB" N	CT-Lau N	J. 2	•	SE ,	z SW	1/
1	(Co Unit	mpany or O , Se	perator) c 11	, T. 12-S , R.	(Lease) 32-E	, NMPM.,	Caproc	t, Sast	(Devo	nian)	Po
	('		County. Date Spuc							
		se indicate		, = 		*************	, Da	ic complete	· · · · · · · · · · · · · · · · · · ·	. 	*********
				Elevation 43	56(Gr)	Total	Depth. 11	,228	, P.B1	1,226	••••
				Top oil/gas pa	ay 11,	194		Prod. For	rm		
				Casing Perfora	tions:1	1,204-	11,226	*****************	···	**************	o
				Depth to Casing shoe of Prod. String. 11,228							
		v		Natural Prod.	Test	No	test	· · · · · · · · · · · · · · · · · · ·		•••••	.BOPI
		X		based on		bbls. O	il in		Irs	••••••	Mins
	••••••	•••••		Test after acid	or shot	1080	••••••				.BOPI
Casing and Cementing Record Size Feet Sax				Based on 2	70	bbls. O	il in	6 r	Irs	-	Mins
3	3/8	338	375	Gas Well Pote				•••••••	•••••		••••••
ප්	5/8	3634	2300	Size choke in i	inches	22	2/64"	***	•••••••		••••
5	1/2	11216	400	Date first oil re	ın to tanks	or gas to	Transmissio	n system:	2-18	-53	•••••
<u>-</u>				Transporter tal	king Oil or	Gas: Te	xas−New	Mexico	P/L C	ompen	y
ma	ırks:					• , • • • • • • • • • • • • • • • • • •					
		•••••••••	••••	•••••		•	************	*****		•••••	
]	hereb	v certify th	at the inform	mation given above	is true and	l complete	to the best	of my know	ledøe.	•••••	•••••
				, 19.			xas Co	mpany	•••••		•••••
	OIÌ	Ļ CONSEJ	RVATION C	COMMISSION	В	y: general de	Me.	mpuny or Ope	سعفي		
ODOG AL						(Signature) Title Asst. Dist. Supt.					
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tle	**********	•••••		***************************************	N	ame The	Texas	Compan	У		