## **IEXICO OIL CONSERVATION COM** SSION Santa Fe, New Mexico

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

## REQUEST FOR (OIL) - (GAS) ALLOWABLE D. C. Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed OiF 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.

Unit Lat	ter.					led, NMI				4-0-60
		cate lo		Elevation	Date Spudd	***	Total De	pth	PBTD	662
	c I	В		Top Oil/G	as Pay	<u> </u>	Name of	Prod. Form.	Alba	
D	١ ١	D	A	PRODUCING	INTERVAL -					
	F	-	H	Perforation	ons	M. A. W.	Depth		Depth	·
E .	F	·G·.	л	Open Hole			Casing S	hoe 1	Tubing	
	<del>_</del>		-	OIL WELL	TEST -					Cł
6	K	J	I	Natural P	rod. Test:	bbls.o	11,	bbls water	inhrs	
				Test Afte	r Acid or Fr	racture Treatme	nt (after r	ecovery of voi	ume of oil e	qual to volume
4	N	0	P	load oil	used) :	bbls.oil,	b	bls water in _	10 hrs,	min. Size
				GAS WELL	TEST -					
							MCF/Day;	Hours flowed	Chok	e Size
1011	AL	1)	1/4	Natural P	rod.Test:					
	•		ting Reco		_	itot, back pres	- <del></del>			
	ing an		-	ord Method of	Testing (pi		sure, etc.)	·		<del></del>
dng ,Cas	ing an	d Cemen	Sax	Method of	Testing (pi	itot, back pres	sure, etc.)	*	CF/Day; Hour	<del></del>
ing ,Cas	ing an	d Cemen	ting Reco	Method of Test Afte Choke Siz	Testing (pi	itot, back pres racture Treatme Method of Testi	sure, etc.) nt:	:h	CF/Day; Hour	s flowed
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