## REQUEST FOR (OIL) - (GAS) ALLOWABLE 28 1900 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-107 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.

	(Compan	y or Oper Sec.	33	T 178 R 288	NMPM.	depositual: (Bu	pire Abe) 👇	F
Unit	Letter							
1	My			County. Date Spudded	6-30-60	Date Drilling Co	apleted 7	<u> </u>
P	lease inc	dicate lo	cation:	Elevation 3669				
σT		В	A	Top Oil/Gas Pay	Name of 1	Prod. Form.	<b>2</b>	<del>~~~</del>
	×			PRODUCING INTERVAL -				
			<del> </del> -	Perforations 5840	2		D	
2	F	G	H	Open Hole	Depth Casing Si	noe <b>5930</b>	Depth Tubing_ <b>58</b> 3	3
-				OIL WELL TEST -				
<u>.                                      </u>	K	J	I	Natural Prod. Test:	hhia adi	bble water in	A had	Ch
								_
y d	N	0	P	Test After Acid or Fractu	re Treatment (after r	ecovery of volume	or oil equal t	Choke
,	24	~	•	load oil used):	bbls.oil,b	bls water in <u> </u>	hrs,min	• Size
[			<u> </u>	GAS WELL TEST -				
91 1	C/Y &	1960!	2/W	Natural Prod. Test:	MCF/Day;	Hours flowed	Choke Size	
			ting Reco	-				
Size	•	Feet	Sax					
				Test After Acid or Fractu				ea
5/1	. 1	000	550	Choke Size Metho	od of Testing:			
				Acid or Fracture Treatmen	t (Gi <del>ve</del> amounts of ma	terials used, suc	h as acid, wate	r, oil,
<u> </u>	5	930	1000	sand): 3000 Gal				
				Casing Tubing Press Press	Date first ne	7 21 40		
2	5	1803						
		1		Oil Transporter Serv				
	l i			Gas Transporter From	ier fatural fa			
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				ormation given above is tru			wledge.	
I h	ereby co	ertify the	at the infe	ormation given above is tru	se and complete to th	e best of my kno		
I h		ertify the	at the infe	ormation given above is tru		e best of my kno	pany	
I h	ereby co	ertify the	at the info	JUL 2 8 1960 , 19.60	se and complete to th	e best of my kno	pany	
I h	ereby co	ertify the	at the info	ormation given above is true. 101, 2,8,1360, 19.60	se and complete to th	e best of my kno	perator)	
I h	ereby co	ertify the	at the info	JUL 2 8 1960 , 19.60	By:	e best of my kno  11 & Gas Com  (Company or O	perator)	
I he	oil C	ertify the	NATION	JUL 2 8 1960 , 19.60	By:  Diese and complete to the street of the	Company or O	perator)	o:

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