NEW MEXICO OIL CONSERVATION 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 G-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.

						Mexico			
WE ARE	HEREBY R	EOUESTI	NG AN ALLOWARI	•	(Place) OR A WELL KNOWN AS:			(Date)	
Kincai	d & Wats	on	Delhi State	Well Well	L KNOWN A	: S Y	., 22	.,	
	Sec	34	, T. 178 , R.	, NMPN	И.,	Artesia		Poc	
(Unit)									
Dla	ase indicate		County. Date Spuc	ided	. , Da	te Completed		•••••	
FIE	ase indicate	ocation:	•						
			Elevation	Tot	tal Depth	2399	P.B	*******	
					-	,	3		
			Top oil/gas pa	23 55	····· Name o	f Prod. Form	romier	• • • • • • • • • • • • • • • • • • • •	
			Casing Perfora	tions:		***************************************		0	
			Depth to Casir	ng shoe of Prod. St	ring	2325			
	-			Геst 10 g	-				
L			based on	bbls.	Oil in	Hrs	•••• •••••••	Mins	
	•••••	······	Test after acid	or shot	60 B0B0		•••••	.BOPD	
Casin Size	Casing and Comenting Record Size Feet Sax		Based on	bbls.	Oil in	Hrs	•	Mins.	
8 5/8	537	50	Gas Well Pote	ntial				•••••	
1			Size choke in i	nches					
B 1/8	2325	100							
		į	Date first oil ru	in to tanks or gas to	o Transmissio	n system:	i_T_66		
<u> </u>			Transporter tal	sing Oil or Gas:	Artes	ia Pipe Li	me Co.		
-	اــــــا		•	3		_	,,		
Remarks:	••				•••••	***************************************			
	••••••			***************************************		••••			
						••••			
I herel	by certify tha	at the inform	nation given above i	s true and comple	te to the best	of my knowledge	` .		
pproved	••••••	• • • • • • • • • • • • • • • • • • • •	, 19	K	ineaid &		·		
	•			٠,	(Cor	npany or Operator	1		
9	L CONSER	VATION C	COMMISSION	By:	fun	100	mez		
	10-	× 4.	11501		A mamb	(Signature)			
y://	<i>4. 3</i>	Tu		Title	Send Commu	nications regardi	ng well to:		
itle	·	•-••			V 4	_			
				Name		d & Watson	•		
				Address	Box 53	6. Artesia	I. N. M.		

Address