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LAND OFFICE	
TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

# NEW MEXICO OIL CONSERVATION COMMISSION

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

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 new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

(Place)

(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

(Company or Operator) Well No. in 1/4 1/4  
(Lease)  
Unit Letter Sec. T. R. NMPM. Pool

County. Date Spudded. Date Drilling Completed

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

Elevation Total Depth PBD

Top Oil/Gas Pay Name of Prod. Form.

### PRODUCING INTERVAL -

Perforations

Open Hole Depth Casing Shoe Depth Tubing

### OIL WELL TEST -

Natural Prod. Test: bbls. oil, bbls water in hrs, min. Size Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): bbls. oil, bbls water in hrs, min. Size Choke

### GAS WELL TEST -

Natural Prod. Test: MCF/Day; Hours flowed Choke Size

Method of Testing (pitot, back pressure, etc.):

Test After Acid or Fracture Treatment: MCF/Day; Hours flowed

Choke Size Method of Testing:

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand):

Casing Tubing Date first new Press. Press. oil run to tanks

Oil Transporter

Gas Transporter

Remarks:

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved. 19

JAN 10 1957  
OIL CONSERVATION COMMISSION

By: M. L. Armstrong  
Title: District Engineer

(Company or Operator)  
By: [Signature]  
(Signature)

Title: [Blank]  
Send Communications regarding well to:  
Name: [Blank]

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**NEW MEXICO OIL CONSERVATION COMMISSION**  
**SANTA FE, NEW MEXICO**  
**CERTIFICATE OF COMPLIANCE AND AUTHORIZATION**  
**TO TRANSPORT OIL AND NATURAL GAS**

**FORM C-110**  
 (Rev. 7-60)

**FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE**

Company or Operator				Lease		Well No.	
Unit Letter				Section		Township	
Range				County			

Pool				Kind of Lease (State, Fed, Fee)			
If well produces oil or condensate give location of tanks				Unit Letter		Section	
				Township		Range	

Authorized transporter of oil <input type="checkbox"/> or condensate <input type="checkbox"/>				Address (give address to which approved copy of this form is to be sent)			

**Is Gas Actually Connected? Yes ☐ No ☐**

Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/>		Date Connected		Address (give address to which approved copy of this form is to be sent)	

If gas is not being sold, give reasons and also explain its present disposition:

**REASON(S) FOR FILING (please check proper box)**

New Well ☐  
 Change in Transporter (check one)  
 Oil ☐ Dry Gas ☐  
 Casing head gas ☐ Condensate ☐

Change in Ownership ☐  
 Other (explain below)

**RECEIVED**

**O. O. C.**  
**ARTESIA, OFFICE**

Remarks	

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_

**OIL CONSERVATION COMMISSION**

Approved by		By	
Title		Title	
Date		Company	
		Address	