015	TRIBUTIC	N	/
ANTA FE		-/	
FILE		1	
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
TRANSPORTER			
PRORATION OFFICE		1	
OPERATOR		1	

## EW MEXICO OIL CONSERVA DE ON COMMISSION (Form C-104) Santa Fe, New Mexico

## REQUEST FOR (OIL) - (GAS) ALLOWAPLE

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.

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a	T added			., T, R	
	ý 			County. Date Spudded	••••••
		dicate loc		Elevation	
D	C	В	A	PRODUCING INTERVAL -	
E	F	G	H	Perforations	
L	K	J	I	Natural Prod. Test:bbls.oil,bbls water inhrs,min.	
M	N	0	P	Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volum Choke load oil used):bbls.oil,bbls water inhrs,min. Size	
	/ FOOT	AGE)	J	GAS WELL TEST - Natural Prod. Test:MCF/Day; Hours flowedChoke Size	
	(FOOT	AGE)	ting Recor	MCF/Day; Hours flowedChoke Size	
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ubing , Sure	(Foor Casing	AGE) and Gemen Feet	Sax	Natural Prod. Test:       MCF/Day; Hours flowedChoke Size         Wethod of Testing (pitot, back pressure, etc.):	
ubing , Sure	(FOOT	AGE) and Cemen Feet	Sax	Natural Prod. Test:       MCF/Day; Hours flowedChoke Size         Ind       Method of Testing (pitot, back pressure, etc.):	
ubing , Sure	(FOOT	AGE) and Cemon Fort	Sax	Natural Prod. Test:       MCF/Day; Hours flowedChoke Size         Method of Testing (pitot, back pressure, etc.):	
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PL ADF OPIES RECEIVED DISTRIBUTION SANTA EL FILE U.S.G.S LAND OFFICE TRANSPORTER OIL GAS PHORATION OFFICE OFERATOR	S CERTIFICATE OF			FORM C-110 (Rev. 7-60)
	FILE THE ORIGINAL AND	4 COPIES WITH TH	E APPROPRIATE OFFICE	
Company or Operator			Lease	Well No.
Raciesson & Intil	1		Dullhi + Chata	2
Unit Letter Section	Township Rang		County	
	1.73	2014 2014		
Pool Versierzyńan ilegen			Kind of Lease (State, Fed, Fee)	
If well produces oil or conc give location of tank		Section	Siebe Township Ra	nge
Authorized transporter of oil or co		Address (give ad	dress to which approved copy of this	form is to be sent)
	Is Gas Actually Conne		_No	
Authorized transporter of casing head y	gas or dry gas Date Con- nected	Address (give ad	dress to which approved copy of this	form is to be sent)
PLITTy: Pat. Se.				
If gas is not being sold, give reasons a				
-				
Change in Tr Oil	an sporter (check one) Dry Gas	Change in Uwia Other <i>(explain i</i>		
			RECO	
R emark s			REGEIVE JUN 24 1963 ARTESIA, OFFICE	D
The undersigned certifies that the	Rules and Regulations of the Oi	l Conservation Comr	nission have been complied with.	
Executed	this the day of	By		
OIL CONSERVAT	TON COMMISSION	- by	A hairl	
mf / h.	tana	Tifle	is south	
Title <b>ML LIB C</b> ATA	1925 78 1 1925 78 1	Company		· · · · · · · · · · · · · · · · · · ·
Date JUN 2	4 196 <b>3</b>	Address	周期442,mana	