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NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

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-103 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

Please indicate location:

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

County _____ Date Spudded _____ Date Drilling Completed _____
Elevation _____ Total Depth _____ PBTD _____

Top Oil/Gas Pay _____ Name of Prod. Form. _____

PRODUCING INTERVAL -

Perforations _____
Open Hole _____ Depth _____ Depth _____
Casing Shoe _____ Tubing _____

OIL WELL TEST -

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

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 _____

OIL CONSERVATION COMMISSION

By: _____

Title _____

(Company or Operator)
By: _____
(Signature)

Title _____
Send Communications regarding well to:

Name _____

Address _____

Title _____ OIL AND GAS INSPECTOR	Title _____ Company _____ Address _____ Phone _____
Date _____	