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

							Artesia,	New Mexico		
WE ARE	HERE	BY REQ	UESTI	NG AN AI	LLOWA	ABLE FO	(Place) R A WELL KNO	OWN AS:		(Date)
K.	neald	& Wa	tson	My	umble	<b>#8#</b>	Well No	<b>5</b> , in	NW 1/4.	NB 1/4
B	Company	or Obere	wr)			(Lease)	E, NMPM.,			
	Edd	<b>J</b>	*********	County.	Date S	pudded	9 <b>-25-5</b> 6	Date Complete	d 10-2	3-56
Pl	ease indi			,				, Date complete		***************************************
D	С	B	A	Elev	vation		Total Dep	th <b>2563</b>	, P. <b>B</b>	2522
E	F	G	н	]			2395 N			
				Casi	ing Peri	forations:.	2462-80, 2	466-76, 259	35-2405	or
r	K	J	1	Dep	th to C	asing shoe	of Prod. String	2 <b>522</b>		•••••••••••••••••••••••••••••••••••••••
M	N	O	P	Nati	ural Pro	od. Test	6 gel oil	per hour	•	BOPD
	<u> </u>	<u> </u>		base	d on	<del>-</del>	bbls. Oil in	]	Hrs	Mins.
		·•····································		- Test	after a	cid or sho	60	BOID		<b>B</b> OPD
<b>Cnet</b> i Size	ng and O	e <b>menting</b> ect	Record Sax	Base	ed on		bbls. Oil in	1	Hrs	Mins.
8 5,	8 3	25	50	Gas	Well P	Potential			*************************	••••••
5 1/	'e 2 <b>5</b>	2522 100		Size	choke	in inches				••••••••
				Date	e first o	il run to ta	nks or gas to Tran	smission system:	11-10	<b>-</b> 56
				Tra	nsportei	r taking Oi	l or Gas: Mal	eo kefineri	ne	•
Remarks:										
	•••••	•••••	· · · · · · · · · · · · · · · · · · ·		*****					
I her	reby cert	ify that	the info	rmation giv	en abo	ve is true	and complete to th	ne best of my know	vledge.	
Approved	***********		•••••		·····,	19	Kineaje	Company or Or		
(	OIL CO	NSERVA	ATION	COMMIS	SION		Ву:	Signature	That	<u> </u>
By:	M. 4	Pr	ns.	Trond	e.		TitleA	enė	′ 	
~ <i>j</i> • ···••···	/ <del>\</del>		. or. or. <b>S</b> elf		•••••	•••••••		Communications re	garding well	to:
Title	· · · · · · · · · · · · · · · · ·	•••••••••••••••••••••••••••••••••••••••	•••••	······V			Name Kin	eaid & Wat	on	
							Address Box	536, Arte	sia, N.	И