## 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 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, N. M.	8-14-56	
WE ARE HE	REBY REQUESTI	NG AN ALLOWABLE	FOR A WELL KNOWN AS:	(Date)	
Kinegid	a fatson	Humble #	8 <sup>₩</sup> Well No	, in NB 1/4 NW 1/4	
(Comp	pany or Operator)	(Lea	ase)	/4	
(Unit)	, Sec	, T , R	, NMPM., Underight	ted (Cave)	
	<b>y</b>	County Date Spudder	7-16-56 Date C	8 <b>-8-56</b>	
	indicate location:	Date opuddet	Date C	ompieted	
Tiesse !	indicate location.	3			
x		Elevation	Total Depth	98 , P.B	
		]	o# P#		
		Top oil/gas pay	Name of P	rod. Form	
		Casing Perforation	ns: None		
		1		_	
		Depth to Casing s	hoe of Prod. String	······································	
		Natural Prod. Test	4 gallons per	hour BOPI	
		based on	bbls. Oil in 10 h	HrsMin	
·····		Test after acid or	shot	ВОРГ	
Casing an	d Comenting Record	•			
Size	Feet Sax	Based on	bbls. Oil in	Hrs. Mins	
		Gas Well Potentia	1		
8 5/8	360 50				
5 1/2	2550 100	Size choke in inch	les		
		Date first oil run t	o tanks or gas to Transmission sy	stem: 8 <b>-14-56</b>	
		Transporter taking	Transporter taking Oil or Gas: Maleo Resineries, Inc.		
		}	<b>FORMERLY</b>	Artesia Pipe Line C	
temarks:	······································				
		·····			
I hereby o			rue and complete to the best of m	ny knowledge	
pproved	4 <b>0</b> 1 -	, 19	Kinemid & Wate		
			Compar	y or Operator)	
OIL (	CONSERVATION	COMMISSION	By / C	ignature)	
m	P Pro all	t ma	8 m n s 2	·3·	
y:	- www	wy	. Title Send Communica	tions regarding well to:	
itle	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	E1 1 W		-	
			Name Kineaid &	(1. E. E. E. C. E.	
			Address Box 536, A	rtesia, N. M.	

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