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.

					(Place)			(Date)
E ARE HEREBY REQUESTING AN ALLOWABLE FO					R A WELL KNO	OWN AS:	n SE	/4 SW 1/2
(Company or Operator)				(Lease)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	()		an *
N Sec. 19		19	T 178 R 29 E	, NMPM.,	", NMPM., (Ald)			
Unit	Letter	,			30-X0-56		11-	.7-56
E	iddy		*************	County. Date Spudded	70-00-00	, Date Comp	oleted	
	ease indi							
D	С	В	A	Elevation				
E	F	G	н	Top oil/gas pay				
				Casing Perforations:		None.		
L	K	J	I	Depth to Casing shoe	of Prod. String	265		•
	 -N	0	P	Natural Prod. Test		One BOPD	•••••	ВОР
M_ 1236	¥NO			based on	bbls. Oil i	n	Hrs	Min
				Test after acid or sho	t	60 BOPD		ВОР
Cas Size	dng and (Documenting Feet	Record Sax	Based on	bbls. Oil i	n	Hrs	Mir
B 5/		52.10	None	Gas Well Potential				
5 1/		65	100	Size choke in inches				
				Date first oil run to	anks or gas to Tra	ansmission system	m: 11-	-15-56
				Transporter taking (oil or Gas:	leo Kefir	meries,	ine.
lemark	s:							
						••••••		
				mation given above is tru	e and complete to	the best of my	knowledge. Leen	
pprove	ed		••••••	, 19	9		or Orerator)	2
	OIL C	ONSER'	VATION (COMMISSION	Ву	(Sign	nature)	ner
v: /	ML	arm	ustro	U g	Title	Agent Communication	ons regarding	well to:
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