

(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 at 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. Cas must be reported on 15.025 psia at 60° Fahrenheit.

					Artesia, New Max (Place)	dao	October (Date)	.19 57
WE AR	E HERI	EBY RE	QUESTIN	G AN ALLOWABLE FOI		AS:	(Date)	
			•	Everest Estate				1/4,
	(Compan	•		(Leac)	373 683 6 44-1			
Unit	Letter			, T 185 , R 26E				
*********	Eddy		· · · · · · · · · · · · · · · · · · ·	County. Date Spudded	10-3-57. Date	Drilling Complete	a 10/10/	57
P	Please inc	licate lo	cation:	Elevation 3315				Choke Size and and
D	C	В	A	Top Oil/Gas Pay 1698 PRODUCING INTERVAL -	Name of Prod.	rorm. San An	11.48	
E	F	G	H	Perforations 169	5-1708 Depth	Den	th.	
			"	Open Hole non	Casing Shoe	1760 Tub	ing 1682	
L	K	J	I	OIL WELL TEST - Natural Prod. Test:	bbls.oil,bb	ls water in		
М	N _O	0	P	Test After Acid or Fracture	Treatment (after recove	ry of volume of oi	l equal to volum	ne of
				GAS WELL TEST -				
				Natural Prod. Test:	MCF/Day; Hour	s flowedO	hoke Size	
Tubing	,Casing	and Gemen	ting Record	Method of Testing (pitot,	pack pressure, etc.):		· · · · · · · · · · · · · · · · · · ·	
Size		Feet Sax		Test After Acid or Fracture	Treatment:	MCF/Day; H	ours flowed	
8	5/8 1	100	450_	Choke Size Method	of Testing:			
53	1	760	475	Acid or Fracture Treatment				
				sand): 10.000 Gal Casing Tubing	Date first new			
2#		1682		Press. 400 Press. 1	= : :			
		1		Oil Transporter		IS. INC.		
Remark	s:			Gas Transporter				
		••••••	•••••••••		***************************************	***************************************	***************************************	•••••
				mation given above is true	and complete to the best	of my knowledge		*
				7	Illam ex Cil,			
Approve					, de la companya del companya de la companya del companya de la co	ompany or Operator	lone -	
_	OIL C	ONSER'	VATION ア	COMMISSION	By water the test and the	(Signature)	······································	,
By:	//L	Uzs.	MALA	Long	Title Secretar Send Comm	y unications regardi		
Title		UNG //	用电子电影子设备	<u> </u>	NameIllamex. Oi	l, Inc		
					AddressP.QBox	702, Artesia	, New Moxico)

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