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

						(Place)	Artesi	n. New Mo	rico	12/1 (Date)	
WE ARI				NG AN ALLOW							
	Me	sa Ret	ailera	Inc.	July	√.Z, Well No.	2 4	, in	SM	½ SE	1/4,
((Compai	ny or Up	erator) 23	, T18\$	28E	NMPM /	4 tive	. ○ × > Unde s	l annte d	1	Davi
Unit	Letter	, эес	······································								
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P	lease in	dicate l	ocation:			Tota					
D	C	В		Top Oil/Gas Pay	278	9 Name	of Prod.	Form.	an Andr	108	
"	U		"	PRODUCING INTER	AVAL -						
				Perforations	From 2	789 to 2797	- 24 F	erfőrati	ons		
E	F	G	H			Depth Casi				2780	
			1							<u> </u>	
L	K	J	I	OIL WELL TEST -					•		Choke
]		1		Natural Prod. 1	Test: 2	bbls.oil,	bb	ls water in	24 hrs,	min.	Size4
M	N	10	P			e Treatment (afte					
M	N	"	-	load oil used):	120 b	bls,oil,O	bbls w	ater in 🚅	≱hrs, _	min. Size	14
		<u> </u>		GAS WELL TEST -	•						
				Natural Prod. T	est:	MCF/I	Day; Hour	s flowed	Choke	Size	
tubing .	Casing	and Ceme	nting Record			back pressure, e					
Size Feet Sax			_			e Treatment:			-	flowind	
				I							
8 5	5/8	443	50	Choke Size	metnod	of Testing:					
5 1	1/2 2	824	125	Acid or Fractur	e Treatment	(Gi ve amounts of	materia.	ls used, suc	h as acid,	water, oil	, and
3 1	1/2 4	1024	123	sand): 15,	200 galle	ns frac oil	and 7	500# san	d		
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						Address 102	South	Second -	Artesi	a, New	Mexico