

# 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)

(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

(Company or Operator)

(Lease)

Well No. 6, in 1/4 1/4,

Sec. 1, T. 1, R. 1, NMPM., Pool

Unit Letter

County. Date Spudded

Date Drilling Completed

Please indicate location:

Elevation                      Total Depth                      PBTD                     

Top Oil/Gas Pay                      Name of Prod. Form.                     

## PRODUCING INTERVAL -

Perforations

Open Hole                      Depth                      Depth                       
Casing Shoe                      Tubing                     

## OIL WELL TEST -

Natural Prod. Test:                      bbls. oil,                      bbls water in                      hrs,                      min. Size                      Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used):                      bbls. oil,                      bbls water in                      hrs,                      min. Size                     

## GAS WELL TEST -

Natural Prod. Test:                      MCF/Day; Hours flowed                      Choke Size                     

Method of Testing (pitot, back pressure, etc.):                     

Test After Acid or Fracture Treatment:                      MCF/Day; Hours flowed                     

Choke Size                      Method of Testing:                     

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand):                     

Casing                      Tubing                      Date first new  
Press.                      Press.                      oil run to tanks                     

Oil Transporter                     

Gas Transporter                     

## Tubing, Casing and Cementing Record

Size	Feet	Sax
10 3/4	290	
8 1/4	609	
7	1932	

Remarks:                     

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved:                     , 19                    

(Company or Operator)

OIL CONSERVATION COMMISSION

By:                     

Title                     

By:                     

(Signature)

Title                     

Send Communications regarding well to:

The Iber Company

Name                     

Address

NEW MEXICO OIL CONSERVATION COMMISSION  
SANTA FE, NEW MEXICO

Form C-110  
Revised 7/1/55

(File the original and 4 copies with the appropriate district office)

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Company or Operator \_\_\_\_\_ Lease \_\_\_\_\_

Well No. \_\_\_\_\_ Unit Letter S T R Pool \_\_\_\_\_

County \_\_\_\_\_ Kind of Lease (State, Fed. or Patented) \_\_\_\_\_

If well produces oil or condensate, give location of tanks: Unit S T R

Authorized Transporter of Oil or Condensate \_\_\_\_\_

Address \_\_\_\_\_

(Give address to which approved copy of this form is to be sent)

Authorized Transporter of Gas \_\_\_\_\_

Address \_\_\_\_\_

(Give address to which approved copy of this form is to be sent)

If Gas is not being sold, give reasons and also explain its present disposition:

Reasons for Filing: (Please check proper box) New Well \_\_\_\_\_ ( )

Change in Transporter of (Check One): Oil ( ) Dry Gas ( ) C'head ( ) Condensate ( )

Change in Ownership \_\_\_\_\_ ( ) Other \_\_\_\_\_ ( )

Remarks: \_\_\_\_\_ (Give explanation below)

This is a true and correct copy of the original as of December 1, 1957.

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 19 day of November 1957

By JA Ford

Title Asst. Prod. Sect.

Approved SEP 2 1957 19

OIL CONSERVATION COMMISSION

Company The ILS Company

Address Breckenridge, Texas

By ML Armstrong

Title \_\_\_\_\_