## NEW ..EXICO OIL CONSERVATION COMM...JION Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLE FILE OCC 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 Rorm C-101 was jent. The allow-
able 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.

ARE HE	EREBY RI	QUESTIN	G AN ALLOWABLE FOR A WELL KNOWN AS:
W. H	pany or Ope	rator)	FEd-Maria , Well No. 1, in 14 1/4 10
(Com	pany or Ope	201)	T. 185 5 , R. 298, NMPM., Loco Hills Ext.
(Unit)	, Sec	<b></b> ,	1
	Bddy		County. Date Spudded5-24-55, Date Completed7-23-55.
Please	indicate k	cation:	
			TO THE OWNER OF THE PARTY TO SAME!
			Elevation
			Top oil/gas pay
			Casing Perforations: 2384! to 2390!, 2402! to 2422!
			Depth to Casing shoe of Prod. String
			Natural Prod. Test
			based on bbls. Oil in Hrs. —
<u> </u>			
			Send-Frac.  Test after acid or shot 120  Bo
Casing and Cementing Record			Based on bbls. Oil in Hrs.
Size	Feet	Sax	
- 44-			Gas Well Potential
5/8"	4671	75	Size choke in inches
7×	2670	145	10 -1-55
•	~~		Date first oil run to tanks or gas to Transmission system:
			Transporter taking Oil or Gas:
			The same and the same to the same and the sa
			ly completed as a dry hole on 5-3-55. Re-entered on 6-15-55
ngged	back are	i complet	ed at 2679!.
		at the infor	rmation given above is true and complete to the best of my knowledge.
	y certify th	T 34 注 10年	the contract of the contract o
	y certify th りり		, 19. H. Company or Operator)
roved	} } } }		, 19. H. Company or Operator)
roved	} } } }		19 W H 10
roved	} } } }		COMMISSION  By:  (Signature)
OII	CONSEI	RVATION	COMMISSION  By:  (Signature)  Title  Send Communications regarding well to:
roved	CONSEI	RVATION	COMMISSION  By:  (Signature)

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