NEW EXICO OIL CONSERVATION COMN JION Santa Fe, New Mexico

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.

| W Band | anto A res | Fasti | erstone R 20F NMPM. | | 5 /4 |
|------------|-----------------|---------------|---------------------------------------|----------------------------------|-------------|
| (Compa | any or Operato |)r) | (Lease) 185, R30E, NMPM., . | Wildost | Poo |
| (Unit) | , Sec2: | f, 1 | .±05, 1, | Day Completed Sen 24 | 1055 |
| RANGE | | C | ounty. Date SpuddedQot1319 | Date Completed. | |
| Please | indicate locat | tion: | | | |
| | | | Elevation Total | Depth | |
| | | | | | |
| | | | Top oil/gas pay2815 | Name of Prod. FormQueen | |
| | | | 2815 to 28 | 60 山ち | |
| | | | Casing renorations3020 to 30 | u.o | |
| | | 0 | Depth to Casing shoe of Prod. Strin | 83387 | |
| | | | No. 1 Dead Tost 3 a | per hour | BOF |
| | | | Natural Frod. Test | ber noer | Mi |
| | | | based onbbls. C | Dil inHrs | |
| | | <u></u> | - e - d - androt an | - 12 | BO |
| | | | Test after ace pranting | 16 | M |
| Casing s | and Cementing | | Based onbbls. (| Oil inHrs | |
| Size | Feet | Sax | G. W. H. Datamtial | | |
| | | | Gas Well Potential | | |
| 8 5/8 | 560 | 125 | Size choke in inches | | |
| 4 } | 3387 | -1:00 | | Transmission system: Feb. 5, 1 | |
| 7 8 | ,,,,, | | Date first oil run to tanks or gas to | , italiana | |
| | | | Transporter taking Oil or Gas: | wtasta Pipe Line Co. | |
| | | | Transporter day of | 14 CONTRACTOR 1 | |
| <u> </u> | | | | | |
| Remarks: | | | | | |
| | | | | | |
| | | | ation given above is true and comple | ete to the best of my knowledge. | |
| I herel | by certify tha | at the inform | 19 | Randel & Olgay & Charles | iome / |
| Approved | , | | , 19 19 | 17 17 1 | |
| -L 7 | T CONCED | TATION (| OMMISSION By: | (Signature) | |
| | IT CONSER | / VALION C | |) (0.5 | |
| | | | Title | mana tra | ell to: |
| | $Q \rightarrow$ | × fas | | Send Communications regarding w | |
| | $a \rightarrow$ | Las | | Send Communications regarding w | |
| | a 🔾 | ×fas | Name | Send Communications regarding w | |