

NEW MEXICO OIL CONSERVATION COMMISSION  
Santa Fe, New Mexico

(Form C-104)  
(Revised 7/1/62)

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.

Well No. \_\_\_\_\_  
(Place) \_\_\_\_\_ (Date) \_\_\_\_\_

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

Company or Operator: \_\_\_\_\_, Well No. \_\_\_\_\_, in \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4.  
(Lease)  
Sec. \_\_\_\_\_, T. \_\_\_\_\_, R. \_\_\_\_\_, NMPM, \_\_\_\_\_ Pool  
(Unit)  
County. Date Spudded \_\_\_\_\_, Date Completed \_\_\_\_\_

Please indicate location:


Elevation \_\_\_\_\_ Total Depth \_\_\_\_\_, P.B. \_\_\_\_\_

Top oil/gas pay \_\_\_\_\_ Name of Prod. Form \_\_\_\_\_

Casing Perforations: \_\_\_\_\_ or

Depth to Casing shoe of Prod. String \_\_\_\_\_

Natural Prod. Test \_\_\_\_\_ BOPD

based on \_\_\_\_\_ bbls. Oil in \_\_\_\_\_ Hrs. \_\_\_\_\_ Mins

Test after acid or shot \_\_\_\_\_ BOPD

Based on \_\_\_\_\_ bbls. Oil in \_\_\_\_\_ Hrs. \_\_\_\_\_ Mins

Gas Well Potential \_\_\_\_\_

Size choke in inches \_\_\_\_\_

Date first oil run to tanks or gas to Transmission system: \_\_\_\_\_

Transporter taking Oil or Gas: \_\_\_\_\_

Casing and Cementing Record

Size Feet Sax

Size	Feet	Sax
2 1/2	100	20
2 1/4	100	125

Remarks: \_\_\_\_\_  
\_\_\_\_\_

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

Approved \_\_\_\_\_, 19 \_\_\_\_\_

OIL CONSERVATION COMMISSION

By: \_\_\_\_\_

Title \_\_\_\_\_

\_\_\_\_\_  
(Company or Operator)

By: \_\_\_\_\_  
(Signature)

Title \_\_\_\_\_  
Send Communications regarding well to:

Name \_\_\_\_\_

Address \_\_\_\_\_