## 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.

				•••	PALLES,		Jear	wary 27, 1	195
<b></b> =					(Place)			(Date)	
E ARE	HEREBY R	EQUESTI	ING AN ALLO	WABLE FOR	A WELL KN	OWN AS:	<b>100.1</b>	989	
(C	ompany of Or	erator)		(Lesse)	, Well No.	<b></b>	, in	1/4	
Ď	Sec	27	T. 241	R. 7W	, NMPM.,	Wildost	<b>3</b>		D.
·····			County. Da	te Spudded	<b>-17-58</b> Total	Date Dri	lling Completed	E-152-30	· · · · · ·
Plea	se indicate l	location:	Elevation_	5577	Total	l Depth	PB1	[D	
D	C B	A			Name	of Prod. For	m.	'	
			PRODUCING IN		Ean				
EF	F G	H	Perforations	5577-56	Depth	<del></del>	Depth		
			Open Hole		Depth Casin	ng Shoe	Tubir	ng <b>5645</b>	
L	KJ		OIL WELL TES	<u> </u>					
"	ν   ·	I	Natural Prod	. Test:	_bbls.oil,	bbls w	ater inhr	rs,min.	Chok Size
		<u> </u>	Test After A	cid or Fracture	Treatment (afte	r recovery o	f volume of oil	equal to volu	ma c
M	N O	P	load oil use	d): <b>72</b> bb:	ls.oil,	bbls water	in 19 hrs,	Choke min. Size	°1"
1			GAS WELL TES			<del></del>			
· · · · · · · · · · · · · · · · · · ·				_					
ubing Ca	sing and Come	nting Recor	_		MCF/D				
Size	Feet	Sax			ack pressure, et				
9-5/8	194.72	150	1		Treatment:				
	23.40 (8)	130	CHOKE SIZE	Method (	of Testing:				
5-1/2 5737		150	Acid or Fracture Treatment (Give amounts of materials used, such sand): 930 White. edl and 25,000 send.			sed, such as aci	d, water, oil,	and	
2"	5645		sand): 936	Mbls. edl	25,000	seed.		105	
_	קרטק		Casing Press-	Tubing Press.	Date first oil run to	new tanks		RUFL	
					Portty True		painty /	LIOLIA	Ĺį.
		-	Gas Transport	ter				FEB 27 10	co.
marks:		••-		******		••••••		L.CON. CO	~~ ~~
•••••••		•••••			*******************************			DIST. 3	J Y
	••••	•••••		••••••	•••••				
I herel	by certify th	at the info	rmation given	above is true a	and complete to	the best of r	my knowledge.		
proved	F	EB 2 7 195	8	, 19		***************	as company		
			•				ny or Operator)		
O	L CONSER	<b>CVATION</b>	COMMISSIO	N	By: L. S. Mil	JENNINK.	Signature)		<b></b> .
	Original :	Signed F	Cmary C A	wa old					
y: Original Signed Emery C. Arnold					Title. Send Communications regarding well to:				
tlesupervisor Dist. # 3					•				
					Name. A. N	. Wieder		<del></del>	
					1001	Burt HL	te. Poline	Thomas	

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	U. S. G. S.	and the second s					
	Transporter						
	File	1 1					

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