NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

(Form C-104) Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well

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.

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Pasc	netu	ral Ga	s Compa	my Lin	drith Uni	t, Well N	。 30	, in	NE '	4 N	!⁄4
C	(Compan	y or Ope	1 8	, T 2411	(Lease)	28 NMPM	South B	lanco P.	C. Ext.		Poo
Unit	Letter		••••••••••								
KTO	Arrib		· · · · · · · · · · · · · · · · · · ·	County. Dat	e Spudded 1 84	4-11-59	Date	Drilling G	ompleted	4-16-59	
P	lease in	dicate lo	cation:	Elevation 1	3350'(P	Tot erf.)Nam	al Deptn	544.3 544.3		1102	
D	C	В	A			Nam	e or Prod.	rorm. <u>F</u>	CVIII V		
	X	İ		PRODUCING INT		n. 2268. 228	lo.		•		
E	F	G	H	_		0; 3368-33 8	A.L.		Depth		
				Open Hole	BODE	Cas	ing Shoe	3412	Tubing	3350	
L	K	J	I	OIL WELL TEST	-	·					Choke
-		"		Natural Prod.	Test:	bbls.oil,	bb	ls water in	hrs,	min.	Size_
-	40	<u> </u>		Test After Ac	id or Fractur	e Treatment (af	ter recove	ry of volume	e of oil equ	al to volu	me of
M	N	0	P	load oil used	i):b	bls,oil,	bbls w	ater in'	_hrs,	_min. Size	
				GAS WELL TEST	-						
O'M,	1650"	W		- Natural Prod.	Test:	MCF	/Day; Hour:	s flowed	Choke	Size	
ubing ,	Casing a	and Cemen	ting Reco	_		back pressure,					
Sire		Feet	Sax	Test After Ac	id or Fractur	e Treatment:	1349	MCF/	Day; Hours	flowed	3
8 5/8	" 1	24'	40	Choke Size 3	/4" Method	of Testing:	Calcul	ated A.	0. F .		
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5 1/2	344	05,	70			(Give amounts o			n as acid, v	water, oll	ano
				sand):	Tubing	Date fir	st new	7 Bana.	 		
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			·····	■ Gas Transport	er El Paso	Natural G	as Compa	my		*	
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prove	d		UN 1 0 .		, 19		(Co	mpany or O	perator)	•••••	
		ONCED	VATION	COMMISSIO	N'	By: ORIGIN		=			
						•		(Signature	:)		
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Supervisor Dist.			#3		Ser	nd Commu	nications r	egarding we	ell to:		
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