REQUEST FOR (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 oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

ito the stock	c tanks. Ga	s must be repo	orted on 15.0 2 5 psia at 6			
				Farmington, New Mex	ico J	
				(Place)		(Date)
		•		OR A WELL KNOWN AS:		
Alfred E. McLane			Hall	, Well No5	, in NE 1/4	SW 1/4,
Alfred E. McLane (Company or Operator) it K , Sec. 15 T. Unit Letter			Lease . 25-N . 3-W	So. Blanc	o P. C. Ext.	n i
Unit Let	, Sec ter	······································	r , R	, NMPM.,		Pool
io Arril	ba		.County. Date Spudded	March 17, 1959, Date C	ompleted April	21, 1959
	e indicate l		,	,	•	
D			7 37	o ool		
, D	C B	A	Elevation (931)	2 Total Depth. 3,904	, P.B	******************
			_	806 (11011)	Pictu	ed Cliffs
E	F C	н	Top oil/gas pay?	,806 ("G") Name of P	rod. Form. 1.1044.	ed oll is
			Casing Perforations	. 3806-3812		or
L.	K j					
•	x /	'	Depth to Casing sho	oe of Prod. String		•••••
			82 . ID 170			P ∩ D ∩
М	N O	P	Natural Prod. Test.	******		B OI D
ł	1		based on	bbls. Oil in	Hrs	Mins.
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• • • • • • • • • • • • • • • • • • • •			Test after acid or sh	not		ВОРД
_		ing Record	Based on	bbls. Oil in	Hrs	Mins.
Size	Feet	Sax				
8-5/8	88	70	Gas Well Potential.	803 MCF/Day (AOF	<u>')</u>	
10	2.004	700	Sing ababa in imaba	s •75		
5 - 1/2	3,886	100	Size choke in inche	Shut i	n to await pi	pe line connect
1 2 1	7 077	None	Date first oil run to	tanks or gas to Transmission s		
1-1/4	3,811	(Tubing)	* · · · · · · · · · · · · · · · · · · ·			
			Transporter taking	Oil or Gas: El Paso I	latural Gas Co	mpany will do
					108	
.emarks:					/21	
					1 1 1 1 1 1 1	
					l il	3.0.1959
I hereb	v certify t	hat the inform	nation given above is tri	ue and complete to the best of	my knowledge []	COM.
	'y cerany ju	N 3 0 1959		ue and complete to the best of ALFRED E. M	LANE	UST 3
pproved			, 17		any or Operator	The state of the s
O	I. CONSE	RVATION C	OMMISSION	By: / Sulu/	1 201	
OI		nai Sigi 🗹		(Signature)	
Bv:		nat orgi 25 . L. KSNDVIII	••		l, Agent in Fa	
y ·		hara a a bara da da bara da bara		Send Communic	cations regarding we	ell to:
itle	-2-1-2-3	/ ENGINEE	P NO TRICE	Name C. Beeson Nee	a 7	
				Name	3.1	

Address Box 728 - Farmington, New Mexico

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TRICT OFFICE							
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