NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

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.

				Royalty, Texas	1/	
WE ARE	HEREBY 1	REQUEST	ING AN ALLOWABLE F	,,	AS:	(Date)
TANDARI	OIL COM	PANY OF	FEXAS H. Federal 12			1/4 WR 1/4
(C	company or C	perator)	(Leas	le)		, . ,
Unit I	, 5c wher	C 	, T	i, NMPM.,	2at	Pool
San Ja		· · · · · · · · · · · · · · · · · · ·	County. Date Spudded.	6-9-57 Date	Drilling Completed	7-18-57
	ase indicate		Elevation 6915 KB	Total Depth	6567 PBT	5626
D	СВ	A	Top Oil/Gas Pay	Top Oil/Gas Pay 5442 Name of Prod. Form. G		
	" "	^	PRODUCING INTERVAL -			
	_		Perforations 5118	- 516h1 & 518h - 51	10ht	
E	F G	H	Open Hole	Depth Casing Shoe	Depth	
		•	OIL WELL TEST -	Jessing Give	Iubing	
L	K J	I				Choke
.]				bbls.oil,bbl		
M	N O	P		ure Treatment (after recover		
				_bbls.oil,Obbls wa	ter in 21 hrs, 0	min. Size PMP
			GAS WELL TEST -			
	ec. /2		- Natural Prod. Test:	MCF/Day; Hours	flowedChok	e Size
ubing ,Ca	sing and Cem	enting Reco		, back pressure, etc.):		
Sire	Feet	Sax		ure Treatment:		
				od of Testing:		
8-5/8	388	275		nt (Give amounts of materials		
_			Casing Tubing	with 35,000 gals or Date first new	ude */1}# 5d/g	<u>al</u>
5-1/2	5715	330	Press. 2300 Press.	oil run to tanks	9-1-57	
2	5532		Oil Transporter B	x Bar Transport	· · · · · · · · · · · · · · · · · · ·	
				available at prese		
marks:	Kl. Pase	Natural	is purchaser of oil	L. GOR was 1310 CFP	BPotential.	taken after
all10	ed odl wa	aXecove	reda	14.1	*************************	
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			rmation given above is tru			10,10, Y
proved	••••••••••	*****************	MQY.51957, 19			(A)
					pany or Operator)	1 1000 3
OI	L CONSE	RVATION	COMMISSION	By:	(Signature)	1 2
Orig	inai Sign	eu Emei	y C. Arneid	Till District 1	_	1
				Title District Send Commun	uications regarding v	vell to:
leSup	ervisor Dist	• # 3			<u> </u>	
				Name STANDARD O		
				Address BIN "B" , I	ROYALTY, TEXAS	

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