REQUEST FOR (A) - (GAS) ALLOWABLE

New Well Regardulesign

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.

					Albuquerque (Place)	,New.	Mexico	Octobe	r10 _y 1957 (Date)
E ARE H	EREBY RE	QUESTI	NG AN ALLO	OWABLE FOR	R A WELL KNO	OWN A	S:		
North	est. Produ	ction C	orp.	Henry (Lease)	, Well No	13+3	i2, in	NE . 1/4	SE
	mpany or Oper 		., T26N	·	, NMPM.,	V1	.ldcat(PC)	Pool
Rio Ax	riba	************	County. Da	te Spudded	9-16-57	Date I	brilling Co	mpleted	10-1-57
	e indicate lo		Elevation	6799 imgr	grndTotal	Depth	3442	PBTD_	3435
D	C B	A	Top Oil/Gas		Name o	f Prod.	Form.	Picture	d Cliffa
			Perforations	3335-33	352. 3360-337	2			
E	F G	H	Open Hole		Depth Casing	Shoe	3442	Depth Tubing	3333
			OIL WELL TE	<u>st</u> -					Choke
r	K J	·I	Natural Pro	d. Test:	bbls.oil,	bbl	s water in	hrs,	min- Siże
		×	Test After	Acid or Fractur	e Treatment (after	recover	y of volume	e of oil equ	al to volume of
M	N O	P	load oil us	ed):b	bls,oil,	_bbls wa	ter ir	hrs,	Choke _min. Size
			GAS WELL TE	<u>sı</u> -					
					MCF/Da	y; Hours	flowed	Choke	Size
ibing Car	ing and Cemen	ting Reco			back pressure, etc				
Sire Feet Sax				e Treatment:					
					of Testing:				
7-5/8	117.19	75							
5	3430.52	100	i		(Gi ve amounts of			en as acid, v	water, orr, and
1	2220 85		Sand): 44 100 sale str and 38 000 sd Casing Tubing Date first new Press. Press. oil run to tanks						
ik .	3330.85		Press	Press•	oil run to	tanks		Control of the Control	-
			Oil Transpo	rter					
	<u> </u>				ing on pipeli			· Alb	##
marks:			***************				-	······································	7 7
				••••			2	OIL CO	
	***************************************				1 1-4-4-		4		
I here	by certify tha	it the inf	ormation giver	n above is true	and complete to	the best	Of my kno	reaged 13	
proved			301 1 7 19	<u>97,</u> 19	RAY P				
0	IL CONSER	VATION	COMMISSI	ON	By: RayP i	aillip	(Signatu	re)	
Ori	ginal Sign	ed Eme	ery C. Arn	old	Title Asst 1	Comm	rod Open unications	rations regarding w	rell to:
tleSü	pervisor Dist	.#3	• · · • · · • • • • • • • • • • • • • •		Name We Re				
					Address.520	Siams	Bldg,A	Lbuquerqu	16, N.M.

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