REQUEST FOR (1914) - (GAS) ALLOWABLE

New Well Richholdisch

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. Cas must be reported on 15.025 psia at 60° Fahrenheit.

	·				(Place)		***************************************	(Date)	
		-	NG AN ALLOW rporation				:_ SU	1/ SW	
(C	Company or Op	erator) 28	, T. 26N	(Lease) R. 3W	, NMPM.,	Tapacito	PC Extn	P	
Unit I	Letter		County. Date						
	ase indicate		Elevation 722	9.4 Ungr	Grnd Total D	epth_ 6219	PBTD	6298	
D	C B	A	Top Oil/Gas Pay		Name of	Prod. Form	FIETUFOG	CITE	
E	F G	H	PerforationsOpen Hole	3873-3902	Depth Casing	Shoe 4100 (7	7-5/8)Depth	3812.33	
L	K J	·I	OIL WELL TEST -		_bbls.oil,			Chol	
M	N O	P	Test After Acid	or Fracture	Treatment (after	recovery of vo	olume of oil ed	qual to volume (
ubing Ca	asing and Cem	enting Reco		est:	MCF/Day			e Size	
Size	Feet	Sax	Test After Acid	or Fracture	Treatment: 19	90	MCF/Day; Hour		
10-3/4 182.3		200	-		of Testing: Re				
7-5/8 5-1/2			sand): 3873-3	902 w/46.	200 gals wtr Date first ne oil run to ta	. 30.000#			
3-1/2	4413.41	270	Press. Oil Transporter			anks			
marks:			Gas Transporter		c Northwest		orp.		
pproved.		JUL 181	ormation given ab		Morthwent	Production (Company LLL) PS	or Operator	OF CONTROL	
			y C. Arnold	***************************************	Title	r, Prod O		38 3	
itle Supervisor Dist. # 3					Send Communications regarding well to: Name W. R. Johnston				
					Address 520\$1	mma.Bldg.	Albuquere	ue, N.M.	

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