## REQUEST FOR (CAS) - (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.

			·	Hebbs, New Mexi	loo Decer	
WE ARE	HEREBY R	EOUESTI	NG AN ALLOWABLE FO	` '	N AS:	(Date)
			ny Jicarilla			1/2 <b>38</b> 1/2
((	Company or Op	erator)	(Lease	)		•
Units 1	Sec	<u>8</u>	, T. 26N , R. 3W	, NMPM., Tapoo	sita Pictured Cl	iffs Pool
•	_		County. Date Spudded	9-17-57 p	ate Drilling Completes	10-30-57
Please indicate location:			Elevation 6927	Total Dept	h <u>5876</u> PE	этр <u>5875</u>
			Top <b>TOD</b> /Gas Pay 3618			
D	C B	<b>    A</b>	PRODUCING INTERVAL -			
<u> </u>	16501		Perforations 3618-3	680		
E	F G	H	Open Hole	Depth	Dept Dept	th lng_ <b>3639</b>
		990		Casing Silvi	- <u>100</u> 1ub	ing_3039
L	K J	I	OIL WELL TEST -			Choke
1		1.	Natural Prod. Test:			·
м	N O	+ +	Test After Acid or Fractu			Choke
i		•	load oil used):	bbls, oil,bbls	s water inhrs,	min. Size
			GAS WELL TEST -			
	<del></del>	<del></del>	Natural Prod. Test:	MCF/Day; Ho	ours flowedC	noke Size
tubing ,Co	asing and Com	nting Recor	Method of Testing (pitot,	back pressure, etc.):_	-	
Size	Feet	Sax	Test After Acid or Fractu	re Treatment: 593	MCF/Day; Ho	ours flowed 3 hrs
30.24	,   ,,,,	450	Choke Size 3/48 Metho	od of Testing: Back	Pressure	
10 3/4	321	450				
7 5/8	3920	175	Acid or Fracture Treatmen			id, water, oil, and
	Top		sand): 27,000 gal was	Date first new		······································
5 1/2		100	Press. Press.	2300 oil run to tanks		
	Bottom		Oil Transporter			THE PARTY OF THE P
5 1/2	2   5876	275	Gas Transporter Pacifi	Northwest Pipe	Line Corporation	THYPE I
Remarks:		•••••••	Connec	eion		LULI VED
		••••••	•••••••••••••••••••••••••••••••••••••••	•	3	EC.1.9.1957
	*****************	•••••••	•••••••••••••••••••••••••••••••••••••••			L-CON-COM-
			mation given above is tru			
Approved.	*******************************	••••••	<b>DEC</b> 1 9 1957 19		etroleum Compai	
_				25	2 Company or Operatory	ha
C	IL CONSER	RVATION	COMMISSION	Ву:	(Signature)	
<sub>n</sub> Ori	iginai Sier	ieu izmer	y C. Arnold	Tials District	Gas Engineer	
— , · · · · · · · · · · · · · · · · · ·	******************	••••••••	J - LAMON		munications regardin	g well to:
Title Sup	ervisor Dist.	# <b>3</b>	***************************************	Manualta Bahaslasan Asan sam		
				NameBox 2	_	
					. New Mexico	

Attn: Mr. Lee E. Robinson. Jr.

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		Agriculture management vicini		