## REQUEST FOR (OIL) - (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. Cas must be reported on 15.025 psia at 60° Fahrenheit.

					New Mexico	12-6-57	
	nnne	F.01150=		(Place)		(Date)	
ARE H	EREBY R	EQUESTI	ING AN ALLOWABLE	FOR A WELL KNOV	VN AS: 14 21_16	<b>e</b> 7	
Con	npany or Op	erator)	11111p <b>s #2 NM36254</b> (Les	, Well No	't 74-10, in 64		
0	Sec	10	T 251 R	124 NMPM	Risti	Dool	
Unit Loss	:07			_			
San Jus	<b>.13</b>		County. Date Spudded	6-28-57	Date Drilling Complete	od 7-6-57	
Please	indicate	location:		Total De			
DIC	В	A	Top Oil/Gas Pay	48051 Name of 1	Prod. Form. Call	<del></del>	
D C	<b>'</b>   "	^	PRODUCING INTERVAL -	4805-49031			
			Perforations 4805-2	7, 4837-42, 4880-	90, 4896-49031		
EF	P G	H		Depth Casing Si		A8001	
			1	casing a	100	oing	
L K	J	I	OIL WELL TEST -			Choke	
				bbls.oil,	· <del></del>	hrs,min. Size	
<del>,   .</del>				cture Treatment (after re			
M		P	load oil used): 606	bbls.oil,bl	ols water in 21 hrs.	Choke 64/6	
	X		GAS WELL TEST -				
					_		
			_	MCF/Day;		Choke Size	
		enting Reco	Method of Testing (pito	ot, back pressure, etc.)		···	
Size	Fret	Sax	Test After TOWN Frac	cture Treatment: <b>Ho mos</b>	SUPERENT MCF/Day; H	Hours flowed	
8-5/8"	123	85	Choke Size Met	thod of Testing:			
			<b></b>				
4-1/2"	4932	150	1	ent (Give amounts of mat	_		
			Casing Tubing	. erude oil and 1	4/ Ber. 50-70 H	PII PAINE.	
2-3/8*	4800	••		110 Date first new oil run to tar			
			Oil Transporter She	11 Pipeline Corp.	Four Corners	Pipe Line	
			Gas Transporter			-	
marks:						-/giitVI	
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************	VIGUY	
						1 JEC 16 195	
I harah	, captifu sk	at the info	ormation given above is t	me and complete to the	best of my knowledge	سنسائلة تغالب	
-	<del>-</del>		-	QL.	11 011 Company	DIST. a	
proved	••••••••		DEC-1.8.4957, 19		(Company or Operator	)	
011	CONTRE	0374 TTOE	COMMISSION	By:B. W	nal signed by J. SHEPARD		
OIL CONSERVATION COMMISSION				Бу:	(Signature)		
Original Signed Emery C. Arnold				Title Exple	Title Exploitation Engineer		
: Supervisor Dist. # 3				Send Communications regarding well to:			
				101 S.	101 S. Rehrend, Parmington, New Maries		
				Name			
				Address			

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