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 oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

					(Place)	, M.P.	ASUUS	(Date)	
E ARE HEREBY REQUESTI			QUESTIN	G AN ALLOWABLE I	FOR A WELL KN	NOWN AS:			
ll Pau	so Nati	ural (es Compe	my McManus	Well No	12	in SE	1/2 SW 1/2	
(
Unit	Letter	, Sec	57. ,	T. 26N , R 8W	, NMPM.,	Ballard	P.C.	Poc	
	San J	tan		County. Date Spudded	10-5-55	Date Corr	pleted 11-	25-55	
Pl	lease ind			•		, = 200 00.	. P		
D	С	В	A	n 6350		. 21.05			
		l		Lievation	Total De	epth	, P.B	••••••	
E	F	G	н	Top oil/gas pay	2022	Name of Proc	i. FormP	ictured Clif.	
				Casing Perforation					
L	K	J	 						
	:			Depth to Casing sh	oe of Prod. String	2022		•••••••••••	
M	N	O	P	Natural Prod. Test.	·····	•		BOP D	
	x			based on	bble Oil i	in	U) (Co.	
998'8	5, 1342) 'W							
	-5	••••••		Test after acid or sl	not		••••••	BOPD	
Size	ng and O	ementin; cct	g Record Sax	Based on	bbls. Oil i	n	Hrs	Mins	
0 = ()n		0-]	Gas Well Potential			A		
8 5/8	2	34'	80				# 11		
5 1/2	2" 201	8.	100	Size choke in inche	es	····		0 N - >	
							3		
1"	205	2083'		Date first oil run to	tanks or gas to 1ra	insmussion system	m:	Dist	
				Transporter taking	Oil or Gas: El P	aso Natural	Gas Compa	my	
							`		
				inally drilled by					
12-2	• • • • • • • • • • • • • • • • • • •			this well with no	- ·	the KI Pas	o Natural	Gas McManus	
	EL Pas	Ten of	ural Gas	will be the opera	ater.		•••••		
I her	eby certi			nation given above is tru	e and complete to	the best of my l	knowledge.		
proved.		JAN 2	8 1957	, 19	El P	aso Natural	************	my	
					5	Company e	(Operator)	0	
C	OIL CO	NSERV	ATION C	OMMISSION	By:	(Signa		In	
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e UI	and G	as ins	pector Di	5l. 7 3.	NameB.J		0 0		
					ivame	- 440 -			
					AddressBox	997, Farmir	gton, N.M.	,	

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