## NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

(Form C-104) Revised 7/1/57

## REQUEST FOR (OIL) - (GAS) ALLOWABLE

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

	Farmington, New Mexico 11/26/58 (Date)
WE ARE HEREBY REQUESTING AN ALLOWABLE	FOR A WELL KNOWN AS:
Company or Operator)	fano UniteWell No32_A, in
	NMPM.,Pool
	Recompleted ed Date Drilling Completed
Please indicate location:	Total Depth PBTD
D C B A Top Oil/Gas Pay	Name of Prod. Form. Platered Cliffs
PRODUCING INTERVAL -	
E F G H Perforations	Depth Depth
Open Hole 20kg	2005 Casing Shoe 2010 Tubing 2072
OIL WELL TEST -	Challa
L K J I Natural Prod. Test:_	Choke bbls.oil,bbls water inhrs,min. Size
	acture Treatment (after recovery of volume of oil equal to volume of
M N O P load oil used):	Choke bbls.oil,bbls water inhrs,min. Size
GAS WELL TEST -	
Natural Prod. Test:	MCF/Day; Hours flowedChoke Size
-	tot, back pressure, etc.):
Size Feet Sax Test After Acid or Fr	acture Treatment: MCF/Day; Hours flowed 3
8-5/8 99 75 Choke Size 20 0P	ethod of Testing: Dittot
Acid or Fracture Trea	tment (Give amounts of materials used, such as acid, water, oil, and
5-1/2 2049 75 sand):	
1-1/4 2073 Casing Tubi	ng Date first new soil run to tanks
Gas Transporter_	The Mariana Cas
Remarks: Four differential valves were :	variars new string of tabing to facilitate
	to properly clean the well bore. The well
was returned to producing statu	
I hereby certify that the information given above is	
ApprovedDEC8495&, 19	Company or Operator
OIL CONSERVATION COMMISSION	By: FCM Bride O11 CO
	K. C. McBride (Signature)
By: Original Signed Emery C. Arnold	Send Communications regarding well to:
Supervisor Dist. # 3	
	Name
	Address

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