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

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

				Fernington, New Mexico Fe	Mary 24, 1
		-		FOR A WELL KNOWN AS:	•
El Pago Natural Cas Co. (Company or Operator)				1-B in	
Unit Lat	, Sec.	Sh	, Т 27N, R91	W, NMPM., Fulcher Kutz	Pool
an. Juan Plass	a indicata l	acation:	County. Date Spudded	Date Drilling Completed 2x1	+- 53
The second second			Top Oil/Gas Pay	Name of Prod. Form.	
D	C B	A	PRODUCING INTERVAL -	20k8_21k1	
E :	F G.	H		Depth Depth Casing Shoe Depth Tubing	
L	KJ	I	OIL WELL TEST -	2040	Choke
				bbls.oil, bbls water in hrs, ture Treatment (after recovery of volume of oil equal t	min. Size
M	N O	P		bbls.oil, bbls water in hrs, mir	Choke
			GAS WELL TEST -		
e90 'N .	1090'W		Natural Prod. Test:	MCF/Day; Hours flowedChoke Size	
	ing and Ceme		d Method of Testing (pitor	ot, back pressure, etc.):	·
Size	Feet	Sax		ture Treatment: MCF/Day; Hours flow	red
10 3/4" 130 100			thod of Testing:		
7"	2042	150.		ent (Give amounts of materials used, such as cilentee	ETVER
			Sand): 153 minutes Casing Tubing Press- 700 Press-	oil run to tanks	9 1960
				Pose Netural Gas Products Company	N C
				Page Netural Gas Company	
emarks: 🕰	a12064	1.thanor		s changed from the Skelly Cil Company G	ranga m
				le No. 1-A. The name of the well shoulentle No. 1-B.	⊥d now
				rue and complete to the best of my knowledge.	
pproved			FEB 2 9 1960 , 19	Company of operation, Gas C	camena
				By: ORIGINAL SIGNED J.J. TILLERSON	
OIL CONSERVATION COMMISSION				By: (Signature)	
/:		•••••	nery C. Arnous		<u> </u>
i.		Superviso	Dist. # 3	Send Communications regarding well to	***
				NameE. S. Oberly	
				Address Box 997, Farmington, New Max	<u></u>

WILL COMPERVATION COMPESSION AZTED DISTRICT OFFICE and for the Received 5 DISTRIBUTION. NO. FURNISHED Cratation Office State Land Office 1.9.0 5 * Whisperter