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

## 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)	100 100 102 11 1 (Date	
			G AN ALLOWABLE FOR A WELL KNOWN A		
(Co	mpany or Oper	l common love	(Lease) Well No.	, in	<sup>1</sup> /4,
	Sec	21,	T. 27: , R. 10. , NMPM.,		Pool
(Unit)	)				
			County. Date Spudded2-53, Dat	Completed3-153	<b>-</b>
Pleas	se indicate lo	cation:			
1	x		Elevation6016111	<b>246</b> , P.B.	••
			Top oil/gas pay	Prod. Form	••••••
			Casing Perforations:		or
			Depth to Casing shoe of Prod. String	1794	
			Natural Prod. Test		BOPD
	o tra		based onbbls. Oil in	Hrs	Mins.
9901	165	501	Test after acid or shot		BOPD
Casing Size	and Cementin Feet	Sax	Based onbbls. Oil in	Hrs	Mins.
2 5/8	131	75	Gas Well Potential362 277/1	•••••••••••••••••••••••••••••••••••••••	********
5 1/2	17941	150	Size choke in inches	••••••	••••••
			Date first oil run to tanks or gas to Transmission	system: ************************************	
			Transporter taking Oil or Gas:	<del>indendanija dia dia dia dia dia dia dia dia dia di</del>	
	1	<del></del> '		_	
marks:	1	<b></b>			
emarks:				// 1	FI
				AL,	FIVE
I hereb	y certify that	t the inform	ation given above is true and complete to the best o	AL,	FIVE
I hereb	y certify that	t the inform	ation given above is true and complete to the best o	Ril	FIVE SS
I hereb	y certify that	t the inform	ation given above is true and complete to the best of	f my knowledge OIL CON	FIVE COM.
I hereb	y certify that	t the inform	ation given above is true and complete to the best of	f my knowledge OIL CON	SS COM.
I hereb	L CONSERV	t the inform	ation given above is true and complete to the best of	f my knowledge OIL CON pany or Operator) DIST. (Signature)	53 COM. 3
I hereb	L CONSERV	t the inform	ation given above is true and complete to the best of the complete to the complete to the best of the complete to the complete	f my knowledge OIL CON part or Operator) DIST. (Signature)	COM.
I hereb	L CONSERV	t the inform	ation given above is true and complete to the best of	f my knowledge OIL CON part or Operator) DIST.  (Signature) ications regarding well to:	53 COM. 3

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