

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(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.

(Place)

(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

(Company or Operator)

(Lease)

Well No. 10, in 1/4, 1/4,

Sec. 2, T. 37N, R. 2E, NMPM, Pool

Unit Letter

County. Date Spudded 11/1/57

Date Drilling Completed 11/1/57

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

Elevation 1 Total Depth 2 PBD 3

Top Oil/Gas Pay 20 Name of Prod. Form. 100

PRODUCING INTERVAL -

Perforations 10

Open Hole Depth Casing Shoe 2 Tubing 1

OIL WELL TEST -

Natural Prod. Test: bbls, oil, bbls water in hrs, min. Choke Size

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used): bbls, oil, bbls water in hrs, min. Choke Size

GAS WELL TEST -

Natural Prod. Test: MCF/Day; Hours flowed Choke Size

Method of Testing (pitot, back pressure, etc.):

Test After Acid or Fracture Treatment: MCF/Day; Hours flowed

Choke Size Method of Testing:

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand):

Casing Tubing Date first new Press. Press. oil run to tanks

Oil Transporter

Gas Transporter

Remarks:

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved JUN 5 1959, 19

(Company or Operator)

OIL CONSERVATION COMMISSION

By: Supervisor Dist. # 3

Title

By: (Signature)

Title

Send Communications regarding well to:

Name

Address

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