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

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

## REQUEST FOR MOMENT - (GAS) ALLOWABLE

New Well

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.

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	npany or Op		nyany 1	(Lease)	ll No <b>15</b>	, in		•••••	
3	Sec		, T. <b>272</b> , R	, NMP	M., <b>Rede</b> e	dgnated.	Debote	Pe	
Unit Lett				0 localdo				An 4.0	
Please indicate location:			9						
			Elevation 7163						
D (	C B	A	Top Oil/Gas Pay		_Name of Prod.	rorm.			
	×		PRODUCING INTERVAL	-			•		
E 1	F G	H	Perforations 756	6-7396, 7634-	Depth		Depth		
	•   •	"	Open Hole		_Casing Shoe_	789	Tuting	7511	
			OIL WELL TEST -						
LK	K J	I	Natural Prod. Test:	bbls.oil	. bb	ls water in	hrs.	Chol	
			Test After Acid or						
MN	V 0	P				•		Choke	
			load oil used):	DDIS, OII,	DD15 W	ater in	nrs,	_min. Size	
		لــــــــــــــــــــــــــــــــــــــ	GAS WELL TEST -						
			Natural Prod. Test:		_MCF/Day; Hour	s flowed	Choke S	Size	
13 3/8	322	275	Choke Size	Method of Testing	Beck-pre	******			
4 1/2	7729	300	Acid or Fracture Tr	eatment (Give amou	nts of materia	ls used, suc	h as acid, w	ater, oil, ar	
2 3/8	7511		sand): Tu Casing Tu Press. Pr	bing Date	first new run to tanks	sand and	1590 IN	Lo <del>. vater</del>	
	-		Oil Transporter						
	L	<u> </u>	Gas Transporter	South	en Union G	na Compa	- O		
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OIL CONSERVATION COMMISSION				Ву:	ORIGINAL SIGNED BY JOE C. SALMON  By:  (Signature) C. Salmon				
Origin	al Signe	d Emer	y C. Arnold	Title <b></b>	latrict Sq	ant aband	lens		
	4. 12				Send Comm	unications r	egarding we	ni to:	
le Supervisor Dist. # 3				Name A	stoc. CLL .no	<b>14. One. G</b> t	mhart.		
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