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)	4*.	(Date)	
		. •	G AN ALLOWABLE FOR				
	LL COMPA pany or Ope		Thompson (Lease)	, Well No 1-X	, in 35	1/4	
, ,			T271, R121.	NMPM West Kut.	s- 2C	Por	
(Unit)							
Sen Ju	lan	.:	County. Date Spudded	3-10-54	Completed4-7.	-54	
Please	indicate le	ocation:					
			Elevation 5,973		740 , P.B		
		0		,660 Top of			
			Casing Perforations:				
			Depth to Casing shoe	of Prod. String1,650	•••••		
	<u> </u>		Natural Prod. Test		•••••	ВОРІ	
	1		based on	bbls. Oil in	Hrs	Mins	
·····			Test after acid or shot	••••	••••	ВОРІ	
Casing a	nd Cementi	ng Record	. .			3.61	
Size	Feet	Sax	Based on	bbls, Oil in	Hrs	Mın	
10-3/4*	105	100	Gas Well Potential	1,500 MCF			
7=	1//0		Size choke in inches	•••••			
/-	1660	155	Date first oil run to ta	nks or gas to Transmission	system: Shut In	ı	
			Date hist on run to ta	ing of gas to Transmission	by storic	•	
			Transporter taking Oi	or Gas: El Paso hati	aral Cas Compan	T	
			ipe Line Connection				
					// E		
			nation given above is true		my knowledge.	12 1954	
pproved			4-19,1954	DANUE OIL COMPY	any or Operator	CON. COM. DIST. 3	
OIL	CONSER	VATION C	OMMISSION	By:	(Signature)		
y:				Title Partner			
itle			<u> </u>	Send Communi	cations regarding we	n to:	
		•••-		NameDanube 011.0	Опрану		
				Address 213 irst Na		dg.	

	NSERVATION CO	OMMISSION	
01- CO			
0. Cr	DISTRIBUT	NO. STEEL	
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Line Company	12 12 d Omice		\
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