REQUEST FOR (OM) - (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.

					(Place)		Novemb	(Date)
Southern	n Union Pompany or Op	roduction	ng an allow n Company A , T 28N	ngel Peak (Lesse)	, Well No	, in		
			County. Date S	soudded 1	0-23-62	Date Drilling	Completed	11-7-62
			Elevation	5669 G.	L. Total D	Depth 6500	PBTD	6)16)1
Plea	se indicate l	ocation:			Name of			
D	Co B	A	PRODUCING INTER	VAL -				
E	F G	Н			6286-6328 Depth Casing			
L	K J	I	OIL WELL TEST -		bbls.oil,	bbls water	inhrs,	Choke min. Size
М	N O	P			Treatment (after			Choke
			GAS WELL TEST -		MCF/Day	v: Hours flowed	Choke	e Size
Publing Co	eing and Com	enting Recor			ack pressure, etc.			
Size Feet Sax					Treatment: CAO			flowed 3
8 5/8	251	160	Ť		of Testing: Ba			
L 1/2	6488	1350cf	1000	പ്രവാധ പ	Give amounts of m 130,000# Date first moil run to the	sand 360	20 hhla. i	
			Oil Transporter	·			-/	TWA
Remarks:			Gas Transporter		nern Union G			13190)
Approved.		DEG1-8	rmation given at 3 1962 COMMISSION	, 19	By: Sham	(Company or (Company or (Signal	Operator) Coperator) Coperator) Coco C	pany s E. Fenno
By: Original Classed by W. B. Smith Title DEPON CO. O. CO. NO. 100 DEPON NO. 3					Title Assistant Drilling Superintendent Send Communications regarding well to: Name L. S. Kuennink			
						ox 808, Far		New Mexico

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