

NEW MEXICO OIL CONSERVATION COMMISSION  
Santa Fe, New Mexico

(Form C-104)  
(Revised 7/1/52)

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)

(Date)

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

*German Knauff* (Company or Operator), Well No. *1*, in *N.W.*  $\frac{1}{4}$   $\frac{1}{4}$ ,  
(Lease)  
Sec. *31*, T. *28 N*, R. *10 W*, NMPM., *Fulcher Butte* Pool  
County. Date Spudded....., Date Completed.....  
Please indicate location:

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

Elevation *5740* Total Depth *1783*, P.B.

Top oil/gas pay *1688* Name of Prod. Form *Pictured Cliff*

Casing Perforations:.....or

Depth to Casing shoe of Prod. String.....

Natural Prod. Test *1710 McF* BOPD

based on.....bbls. Oil in.....Hrs.....Mins.

Test after acid or shot.....BOPD

Based on.....bbls. Oil in.....Hrs.....Mins.

Gas Well Potential.....

Size choke in inches.....

Date first oil run to tanks or gas to Transmission system:.....

Transporter taking Oil or Gas *Southern Union Gas Co*

Remarks: *We are installing an intermitter on the well head*

*in hopes of making this a producing well again.*

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

Approved *4-11-56*

OIL CONSERVATION COMMISSION

By: *Emergence*

Title *Oil and Gas Inspector Dist. #3.*

By: *Walter G. Knauff*  
(Signature)

Title *Owner of 1/16 of Working Interest*

Name *Walter G. Knauff*

Address *1285 Monroe St Denver CO*

NAME	DATE
ADDRESS	4
CITY	
STATE	
ZIP	
TELEPHONE	
TELETYPE	
FAX	
EMAIL	