## NUMBER OF COP .S RECEIVED BANTA FO LAND OFFICE OIL TRANSPORTER GAS PROBATION OFFICE OPERATOR

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

(Form C-104)

## REQUEST FOR (OIL) - (GAS) ALLOWAPLE

Revised 7/1/57

New Well X 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 recompletio. The completion date shall be that date in the case of an oil well when new oil is deliv-Gas must be reported on 15.025 psia at 60° Fahrenheit.

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ARE	HERI	EBY RI	EQUESTI	NG AN ALLO	WABLE FOR	A WELL KN	OWN AS	:		
Roya	l Devel	opm ent	Сопразу			, Well No	<b>7</b>	, i <b>n.</b>	NE!/	4\$E!/
(	Compan	y or Ope	rator)	_	(Lease)	NINCONE	Shirm	ack-Galle	<b>186</b>	Po
Unit	Letter					, NMPM.,				
San ]	luen			County. Dat	te Spudded	1020-61	Date D	rilling Go	mpleted	11-13-61
			ocation:	Elevation	5194 G.L.	Total	Depth	177		
			<del></del>	Top Oil/Gas	Pay M	Name	of Prod. F	orm.	Cellup	
ן מ	C	В	A	PRODUCING IN	TERVAL -					
				Perforations	Nana					
E	F	G	H	Open Hole	89' to 95'	Depth Casin	g Shoe	271	Depth Tubing	871
Ì				OIL WELL TES						
L	K	J	I		=	bbls.oil,	Zama hhle	water in	as hre.	Chok min. Size
			x			Treatment (afte				
M	N	0	P							Unoke
M	14		1	load oil use	d):bb	ls,oil,	DDIS WAT	er in	<sup>nrs,</sup>	
		<u> </u>		GAS WELL TES	=	•				
				_ Natural Prod	. Test:	MCF/E	Day; Hours	flowed	Choke	Size
uhi ne	(FOOT	AGE) and Com	enting Reco			back pressure, et				
Size	-	Feet	SAX			· Treatment:				
						cf Testing:				
24"		871	•	i						
				Acid or Frac	ture Treatment	(Give amounts of	materials	used, su	ch as acid,	water, oll, an
2"	-+	87'	Neme		Tuhing	Date first	t. new			
				Casing Press	Press-	oil run to	tanks			
				Oil Transpor	ter	intrial Ctl, Inc.	., Selt L	the City,	Utah	
			<u> </u>	1					off	11/1
emark						*****			KLUL	IVED \
CIII	<b></b>	•••••••							14100	1003
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					above is true	and complete to	o the best	of my kn	o German	N. COM.
Ih	ereby (	certify t	hat the ini	formation given	10	Reyal Dev	alanment.	Company.	DIS	т. з
pprov	edMA	K. Ø	1904	••••	, 19		(Co	mpany or	Operator)	
			mara =====	N COMMISSI	ON	Ву:			•••••••	*************
				N COMMISSI		H.E. SMile	ınder	(Signatu	ne)	
	المسايمة و	1 Sign	ed Eme	ry C. Arnol	d	Title Busine	ss Manage	<b>r</b>		wall to:
						Ser	id Commu	inications	regarding	wen to.
itle .S	upervis	or Dist.	# 3			Name. Above	<b>)••••</b>			
						Address				