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LAND OFFICE									
TRANSPORTER	OIL								
	GAS		<u> </u>						
PRORATION OFFICE		7							
OPERATOR			T						

NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe. New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWAPLE

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 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.

						at 60° Fahrenheit Alluquerque, Max (Place)		February.21	(Date)
ARI	E HER	EBY RE	QUESTI	NG AN ALLO	OWABLE FO	R A WELL KNO	OWN AS:		
						, Well No	, i	n NZ	\$
		ny or Ope		т эом	(Lease)	, NMPM.,	Shirmack-G	le liber	Po
Unit	Letter								
	Se n	Jman		County. Da	ate Spudded	10-24-41.	Date Drilling	Completed	11-14-61
P	lease in	dicate lo	cation:			Total			
D T	С	В	A			Name o	r Prod. Form	Gallup	,,-
	_			PRODUCING I	NTERVAL -				
E	F	G	H		5 <u> </u>	Depth		Depth	
ן י		"	**	Open Hole	1 to 971 5 991	Casing	Shoe	Tubing	971
	<u></u>	 	 _	OIL WELL TE	<u>sī</u> -				Chok
L	K	J	I	Natural Pro	d. Test:	bbls.oil, 7	bbls water	in _24_hrs, _	
İ		1	X	Test After	Acid or Fractu	re Treatment (after	recovery of vol	lume of oil equa	l to volume o
M	N	0	P	load oil us	ed):l	obls,oil,	_bbls water in _	hrs,	min. Size
				GAS WELL TE	<u>si -</u>				
		_1	 	Natural Pro	d Test:	MCF/Da	v: Hours flowed	Choke S	i ze
Mng	(Foor	TAGE)	nting Reco			back pressure, etc			
Size	•	Feet	Sax			re Treatment:			
						d cf Testing:			
5 ½ **	!	P1°	7						
2"		97'	Ngme	Acid or Fra	cture Treatment	(Give amounts of	materials used,	such as acid, w	ater, oil, an
				Casing	Tubing	Date first oil run to	new tanks		
									12
				1	-	estal Oil, bea.		TOFILI	VED /
			L		rter			1 Kron	
mark	::							MRS	196Z
· · • • • • • • • • • • • • • • • • • •								OIL CO	N. COM.
	· · · · · · · · · · · · · · · · · · ·					and complete to	the best of my	knowledge, DIS	T. 3
Ιh	iereby	certify th	iat the ini	ormation give	n above is tru	e and complete to	The Desi of May		· ·
prov	edWA	K 8 1	206		19		(Company	or Operator)	
	011	CONTER!	D\$7477101	N COMMISS	ON	By:		*****************	
						H.L. Shelland	ler (Sign	ature)	
r: (al Su	sed Am	ety C. Am	eij	Title	Communication		cli to:
• • • • • • • • • • • • • • • • • • • •	••••••••					Sanc	i i ommunicatio	ons regarding w	CAL EXT.
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