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

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

## REQUEST FOR (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. Cas must be reported on 15.025 psia at 60° Fahrenheit.

				(Place)	Date)
VE ARE E	HEREBY R	EOUESTI	NG AN ALLOWABLE FO	OR A WELL KNOWN AS:	(Date)
•					., in
(Company or Operator)		(Lease	:)	,	
Unit G	Sec	8	T 29-M , R 10-W	, NMPM., Besin	Pool Pool
•			County Date Spudded	Bac. 14, 1960 Date Drill	ing Completed Jan. 28, 196
Please indicate location:			Elevation 5.791 Total Depth 6.818 PBTD 6.775 (Class		
				Name of Prod. Form.	, , , , , , , , , , , , , , , , , , , ,
	C B	A	PRODUCING INTERVAL -		•
			Perforations 661	<b>2-</b> 6719	
E F	- 1 -	H		Depth Casing Shoe	Depth Tubing
	×		OIL WELL TEST -		
L K	K J	I		bbls.oil,bbls wat	Choke er inhrs,min. Size
				ure Treatment (after recovery of	
M N	N O	P	load oil used):	bbls.oil,bbls water i	Choke n'hrs,min. Size
		1 1	GAS WELL TEST -		- <del></del> -
				MCF/Day: Hours flow	edChoke Size
tubing Car	ing and Ceme	enting Recor		, back pressure, etc.):	
Size Feet SAX				MCF/Day; Hours flowed	
			7	od of Testing: Open Flow (1	
8-5/8	360	225	Choke Size Meth	od of festing.	
5-1/2	6,817	<b>种种</b> 2	Acid or Fracture Treatmen	nt (Give amounts of materials use	d, such as acid, water, oil, and
Tubing				Date first new	68,000# sand.
2-3/8	6,731	020	Casing Tubing Press. 1938 Press.	1838 oil run to tanks Kot	an oil well
			Oil Transporter		
. <del></del>	<u> </u>			so Matural Gas Company	
.emarks:	vill	take ga	s from this well who	m pipe lise connection	completes [
		• • • • • • • • • • • • • • • • • • • •	•••••••••••••••••••••••••••••••••••••••		
				••••	FEB. C
I herel	by certify th	nat the info	ormation given above is tru	ue and complete to the best of m	y knowledge. 1 6 1961
I herel	by certify th	nat the info	ormation given above is tru	ue and complete to the best of m	CER
I herel	FEB 1 6.1	9 <b>61</b>	ormation given above is true, 19	J. GLENN TUR	y or Operator)
I herel	FEB 1 6.1	9 <b>61</b>	ormation given above is tru	J. GLEVE TURE  (Company	y or Operator)
I herel	FEB 1 6.1	961 RVATION	commission commission	By:  C. Beeson Real	y or Operator), OM, gnature) Agent in Farmington
I herel pproved Ol	EEB. 1.6.1	961 RVATION d. Emery	commission commission	By:  C. Beeson Real	y or Operator), , OM,
I herel pproved Ol	EEB. 1.6.1	961 RVATION d. Emery	commission commission	By:  C. Beeson Real	y or Operator), OM, gnature) Agent in Farmington ions regarding well to:

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