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

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

## REQUEST FOR (OIL) - (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.

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Unit	Sen	Juan		County. Date Spuc	2-5-	58 <u>.</u>	ta Drilling	Completed	2-12-5	8
				Elevation	<b>~~</b>	:otal Depti	n —	PBTU		•
	lease inc	licate lo	cauon:	Top Oil/Gas Pay	2486' (Perf.	Name of Pro	od. Form.	Picture	d Cliffe	)
)	C	В	A	PRODUCING INTERVAL						
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				OIL WELL TEST -						
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1		X		Test After Acid or						
7	N	0	P				•		Cho	ke
				load oil used):	DDIs,011,	obl	s water in	nrs,	min. S12	·
ᆜ	20015	3550		GAS WELL TEST -						
		1550'		Natural Prod. Test:		MCF/Day; H	ours flowed	Chok	e Size	
		ind Comer Feet	nting Record	-					·····	3
Size		<del></del>	<del></del>	Test After Acid or	Fracture Treatme	ent: (10)	ulated A	CF/Day; Hour .O.F.	s flowed	<u>,                                     </u>
5/	/8"	120'	150	Choke Size 3/4"	_Method of Testi	ing:				
		~~ <u> </u>	350	Acid or Fracture Tr				such as acid	, water, oi	l, an
5 1/	5.	<u>25951</u>	150	sand): 37,600	gal. water	and \$5,000	sand			
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				Gas Transporter	l Pase Natu	ral Gas Co	mpany /	41.13	$t_{\Gamma}$	<del></del>
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•••••			••••	mation given above		***************************************		MAY 1	$C_{C,h}$	}
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I he	ereby ce	rtify tha	t the infor	mation given above	is true and con	nplete to the l	cest of my ki	lowledge.		
rove	d		<b>April</b> 25	. MAY 1 1956 , 19	<b>7</b> 0	L FOOT ME	(Company or	Operator)		
	<b></b> .	01/6==		COMMESION	<b>D</b>	ORIGINAL SI	GNED B.H	MEANS		
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				ry C. Arnold			roleum En			
		C	wienr Dist.	# <b>3</b>		Send Con	nmunication	s regarding	well to:	
e	••••••••	Super	visor Dist.		 Name	E. S.	Oberly			

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