NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

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 new oil is delivered into the stock tanks. Cas must be reported on 15.025 psia at 60° Fahrenheit.

				Pallas, Tomas (Place)	
E ARE	HEREBY I	REQUESTI	ING AN ALLOWABLE	FOR A WELL PROMIN AC	(Date)
neldaners	thiente	Company	MaGae	Well No 1 :- SW	., 84
(C M	Company or O	perator) TE	(L	ase)	./4
Unit 1	Sei Letter		, T, R	W, NMPM., Wilden's	
in Ju			County. Date Spudde	10/13/58 Date Drilling Completed	11/28/48
Plea	ase indicate	location:	Elevation	Total Depth 6373 PBTD	6400
D	C B	A	Top Oil/Gas Pay	Name of Prod. Form.	
			PRODUCING INTERVAL -		
E	-	+	Perforations (10	-6209	
	F G	H		Depth Depth Casing Shoe Tubing	
			OIL WELL TEST -	Tubing	
L	K J	I			Chi
			Tant ASA	bbls.oil,bbls water inhrs,	min. Si
M	N O	P	lest After Acid or Fra	ture Treatment (after recovery of volume of oil eq	ual to volume
•		1 1	load oil used):	bbls.oil,bbls water inhrs,	minSize
			GAS WELL TEST -	small to	
bing ,Car	sing and Come		Method of Testing (nit.	MCF/Day; Hours flowedChoke t, back pressure, etc.):	
	1	Sax	Test After Acid or Frac	ture Treatment: MCF/Day; Hours	flowed_
-5/8	172	125	Choke Size Met	nod of Testing: Martin Ren	
-1/2	/2 6362 125 Acid o		Acid or Fracture Treatm	nt (Give amounts of materials used, such as acid,	
	 				* * * * * * * * * * * * * * * * * * * *
1-3/8	6180	-	Casing Tubing	Date first new oil run to tanks	
			Oil Transporter	/	-ITLU Y
					O 1958
narks:	********************	••••			
•••••	••••				N. COM. T. 3
******		••••••••	***************************************		i
I hereb	v certify the	t the infor	mation disam should be		
roved	DEC 1			are and complete to the best of my knowledge.	
			17	Original (Company or Operator)	······································
OI	L CONSER	VATION (COMMISSION	A. M. WIEDERNARD	
				A. M. W. Signature)	
	singl Side	od Time	v i arrania	Mr., Enloration Departme	<u> </u>
Offi	inal Sign	ed Emer	C - Carrier	Title	
		**************	- management of the second	Title Send Communications regarding we	
	rvisor Dist.	**************		Title	

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