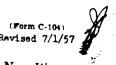
NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico



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. Gas must be reported on 15.025 psia at 60° Fahrenheit.

						30-1323
F AQF I	JERERV D	ידרויידפיי	NC AN ALLOWABLE FOR A	(Place)	46	(Date)
			NG AN ALLOWABLE FOR A			
	R. Abra	ham erator)	(Lease)	, Well No2-Fe	deral., in	. ¼SE ¼
Unit La	Sec	10	, T30.N, R16W,	NMPM., Hor	seshoe-Gallup	Poo
Sen Ju	18n		County. Date Spudded	Dat	e Drilling Completed	• • • • • •
	Please indicate location:					
			Top Oil/Gas Pay 1560	Name of Proc	Form. Gellun	
D	C B	A	PRODUCING INTERVAL -			
E	F G	H	Perforations 4 1004	- 1640 1660.	-1666-1688,	8 1698
			Open Hole	Casing Shoe_	1743 Tubing	1598
+	W +	+	OIL WELL TEST -			
L	K J X	I	Natural Prod. Test:bb	ols.oil, white b	bls water in ** hrs	Choke min. Size
			Test After Acid or Fracture Tre	•		
M	NO	P	load oil used): 1PF 100 bls.o			Ch. I
		i i			water in 21 nrs,	min. Size
—	40	┷	GAS WELL TEST -			
 			Natural Prod. Test:	MCF/Day; Hou	rs flowedChoke	Size
. *	ing and Com	nting Recor	d Method of Testing (pitot, back	pressure, etc.):		
Size	Feet	Sar	Test After Acid or Fracture Tre			
_			Choke SizeMethod of T			. Towed
10-2/4	87	75				
5-1/2	1743	* 1.0	Acid or Fracture Treatment (Give	amounts of materia	als used, such as acid,	water, oil, and
4-1/4	1145	i lete	sand):	40 600 4 4	•	
2	1595		Casing Tubing Press. Press.	oil run to tanks	up. 130-	1955
			Oil Transporter Ki Daso I		yrus	
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marke.			Gas Transporter			
e. 13	••••••••••••	•••••••••••••••••••••••••••••••••••••••	, 4	•••••••••••••		
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I hereb	y certify th	at the info	rmation given above is true and	complete to the bes	t of my knowledge.🍫	4 . St.
proved	•••••••	•••••	MAY 5 1959 , 19	J. R. Abrahar		
					ompany or Operator	17 18 C
OII	L CONSER	VATION	COMMISSION By:	ysear	alouhu	mo
	C:	7 5	C Amot	,	(Signature)	3/
44.		*****************************	C. Arnold Tit	le mann	ger	
Super le	visor Dist.	# .3	v.	Send Comm	unications regarding v	vell to:
		*****	Na	me Oscav	abraha	m/
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