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 Oi 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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								(Date)	
		•	NG AN ALLOWABLE						
	ompany or O		(Les	, We	ell No.1~Fede	ral, in	NB	SE /4,	
_	•	-	, T30N, R16W	,	M. Harras	han Galle		Pool	
vet L	otter						-		
Am J			County. Date Spudde	d 2-23-5 9	Date	Drilling Co	mpleted 3-7	9-59	
Plea	se indicate	location:	Elevation				_	755	
P	C B	A	Top Oil/Gas Pay 155 PRODUCING INTERVAL -	<u> </u>	Name of Prod.	Form.	alloy		
<u> </u>	F G	H	Perforations 1860	1 437, 1491 -	1716, 1720 Depth 1720	-1730, 1 7	40 1840.		
			Open Hole OIL WELL TEST -		Casing Shoe	1755	Iucing	1706	
	K J	O	Natural Prod. Test:					i	
4	N O	P	load oil used):	4				Chales	
			GAS WELL TEST -			•			
			Natural Prod. Test:		MCF/Day; Hour	s flowed	Choke Si	i ze	
bing ,Ca	sing and Cer	menting Reco	rd Method of Testing (pit	ot, back press	ure, etc.):				
Size	Feet	Sax	Test After Acid or Fra	cture Treatmen	t:	MCF/	Day; Hours f	lowed	
0-3/4	80	75	Choke SizeMe						
5-1/1	1769	100	Acid or Fracture Treatm			ls used, suc	h as acid, wa	iter, oil, and	
3 49	1735		Sand): 40 000 horseld of 000 horseld of Casing Tubing Date first new Press. Press. oil run to tanks 3 1989						
			Oil Transporter	Pres Pres	incta Co				
		1	Gas Transporter				# P.	m-	
marks:.					·····		Riblia	- CCO	
•••••		•••••		*******			MAR 27	1932	
I here	eby certify t	that the info 27 1959	ormation given above is	true and comp	plete to the bes	t of my kino	the con onst	3	
pi oveu.			± €		(C	ompany or O	perator)		
			COMMISSION	Ву:	Poral	(Signatur	e)	m	
Ori	iginal Sig	aned Em	ery C. Arnold	Title	*************************	••••••			
		r Dist. # 3		••••	Send Comm	unications 1	egarding we	li to:	
				Name	J.R. Abr	aham			
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