

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

Farmington, New Mexico 1-3-58  
(Place) (Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

1-2-William Company, Strong 1, Well No. 2, in 1/4-34 1/4-34  
(Company or Operator) (Lease)

Unit Letter Sec. 1, T. 32, R. 26, NMPM, 40-2-11 Pool

County. Date Spudded 1-2-58 Date Drilling Completed 1-3-58

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

Elevation 5411 Total Depth 1235 FBID

Top Oil/Gas Pay 17.5 Name of Prod. Form. 1-19

PRODUCING INTERVAL -

Perforations

Open Hole 1-10-58 Depth Casing Shoe 1-65 Depth Tubing 1-50

OIL WELL TEST -

Natural Prod. Test: bbls. oil, bbls water in hrs, min. Size Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used): bbls. oil, bbls water in hrs, min. Size

GAS WELL TEST -

Natural Prod. Test: MCF/Day; Hours flowed Choke Size

Tubing, Casing and Cementing Record

Size	Feet	Sax
7"	100	50
8"	1-35	50
2"	15-10	

Method of Testing (pitot, back pressure, etc.):

Test After Acid or Fracture Treatment: MCF/Day. Hours flowed

Choke Size Method of Testing:

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 30, 300, 30, 100, 10, 10

Casing Tubing Date first new Press. 8 Press. 8 oil run to tanks

Oil Transporter 1-1-58

Gas Transporter

Remarks:

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved: JAN 30 1958, 19. 1-2-William Company (Company or Operator)

OIL CONSERVATION COMMISSION

By: Original Signed Emory C. Arnold

Title Supervisor Dist. # 3

By: [Signature] (Signature)

Title: [Signature] Send Communications regarding well to:

Address: 1001 WJ [Signature]