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 advable will be satisfied 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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			•	NG AN ALLOWABLE F			ė.	
	(Company or Operator)			(Letas	• }		·	
Uni	t Letter	, Sec		, T. 30A , R. 1.0	, NM PM .,	Verde 221	<u>lu</u>	Pool
	الاغتال.			County. Date Spudded.				
I	Please in	dic ate lo	cation:	Elevation				
D	C	В	A	Top Oil/Gas Pay 17.1 PRODUCING INTERVAL -	Name of	f Frod. Form.	6/11 n ;	
	· · · · · · · · · · · · · · · · · · ·			Perforations				
E	F	G.	H	Open Hole 1700-17	Dan+t	Shoe 1700	Depth Tubing	1585
- L	V		 _	OIL WELL TEST -				
	K	J	I	Natural Prod. Test:	3_bbls,oil,0	bbls water .	in <u>24</u> hrs,	Choke U min. Size
				Test After Acid or Fract	ure Treatment (after	recovery of volu	ume of oil equ	ual to volume of
M	N	0	P	load oil used):	bbls,cil,	bbls water in _	hrs,	Choke min. Size
		<u> </u>		GAS WELL TEST -				
	·			- Natural Prod. Test:	MCF/Day	; Hours flowed	Choke	Size
Lubing	,Casing	and Cemen	ting Recor	d Method of Testing (pitot	, back pressure, etc.):		
Size	r	Feet	Sax	Test After Acid or Fract				
				Choke Size Meth				
	[İ		Acid or Fracture Treatmen	it (Give amounts of m	aterials used, s	such as soid,	water. cii. and
				sand):	inter filmer p		· · · · · · · · · · · · · · · · · · ·	
		1		Casing Tubing Fress. Fress.	oil run to t	enks/	11/11	
		1		Oil Transporter h [5]	tz e ursum		and the second s	F 1 0 1
				Gas Transporter				1001
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OIL CONSERVATION COMMISSION					By:	(Signate	ay / 2	
y: Original Signed Emery C. Arnold					TitleSend (Communications	regarding w	ell to:
itle Supervisor Dist. #.3					Name A. La Day Le Sa			
								, Ad C
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