## 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.

|   |                        |                  | •                                       | PARMIN                           | rta, n.x.                               | •                                     | HCD GH          | 1 15, 195         |
|---|------------------------|------------------|---|----------------------------------|---|---------------------------------------|-----------------|-------------------|
|   |                        |                  |   | (Pla                             | ace)                                    |                                       |                 | (Date)            |
| e are i   | HEREBY RE              | QUESTI<br>MPART  | NG AN ALLOWAI                           | BLE FOR A WE                     | LL KNOWN                                | <b>AS</b> :                           | C-SV            | SE .              |
| Co  | mpany or Oper          | ator)            | , T 39-1 , R                            | (Lease)                          | PM                                      | CRAESHOE C                            | ant ce          |                   |
|   |                        |                  |   |                                  |   |                                       |                 |                   |
| n Jum   |                        |                  | County. Date Sp                         | ydded .                          | Date Total Donah                        | 1750 Com                              | pleted I        | 742.69            |
| Plea  | se indicate lo         | cation:          | County. Date Sp                         | 1603                             | Name of Prod                            | . Form.                               | LEP             | <del></del>       |
| D   | C B                    | A                | PRODUCING INTERVA                       | _                                |   |                                       | •               |                   |
| E   | F G                    | H                |   | XI.                              |   |                                       | Depth<br>Tubing | 1676              |
| L   | K J                    | I                | OIL WELL TEST -                         |                                  | il,b                                    |                                       |                 | Chok              |
|   |                        |                  | Natural Prod. Tes<br>Test After Acid o  | r Fracture Treatme               | nt (after recov                         | ery of volume                         | of oil equal    | to <b>sulma</b>   |
| M   | N O                    | P                | load oil used):                         | 97 bbis,oil,                     | HCIR bhis                               | water in                              | hrs,m           | in Size           |
|   |                        |                  | GAS WELL TEST -                         |                                  |   |                                       |                 |                   |
|   |                        |                  |   | t:                               |   |                                       |                 | -                 |
| ubing ,Car<br>Sire                                      | sing and Cemen<br>Feet | ting Reco<br>Sax | -                                       | (pitot, back pres                |   |                                       |                 |                   |
| 3120  | T 1                    |                  | 7                                       | or Fracture Treatme              |   |                                       |                 |                   |
| 6-5/E   | 101.88                 | 80               | Choke Size                              | Method of Testi                  | ng:                                     | · · · · · · · · · · · · · · · · · · · |                 |                   |
| 5-1/2   | 1742.89                | 60               |   | Treatment (Give amo              | ounts of materia                        | als used, such                        | as acid, wat    | ter, oil, an      |
| 2-3/8   | 1672                   |                  | Casing Press.                           | Tubing <b>z</b> Dat<br>Press oil | te first new<br>l run to tanks          | 12-14-5                               | 9               |                   |
| 1.71  | 16 12                  |                  | Cil Transporter_                        | EL PASO PROM                     | icts                                    |                                       |                 |                   |
|   |                        |                  | Gas Transporter                         |                                  |   |                                       |                 |                   |
| emarks:   | 974 – Lees             | e Grad           | e wood in Me. I                         |                                  |   | 75 - Load                             | W. Jack         | PHE W             |
| o pump  | ing - 12-4             | -39 - i          | of bhis. oil is                         | 1 15 hrs 12                      | L/18/59 year                            | ped 129 bi                            | us, ett:        | 13 24 87          |
|   |                        | ••••••••         | *************************************** |                                  |   |                                       | ari             | 1 Ch              |
| I here  | by certify tha         | t the info       | ormation given abov                     | e is true and com                | plete to the bes                        | t of my know                          | led te.         | IAED              |
| proved  | *****                  | DEC1.8.          | .1959,                                  | 19                               |   | Company or Ope                        | THE CO          | c 1959            |
| 0   | il conser              | VATION           | COMMISSION                              | Ву:                              | M. SLIDE                                | (Signature)                           |                 | 6 1959<br>ON. CON |
| امرقت ا   | ingl Signer            | Emer             | y C. Arnold                             | Title                            | PUCE                                    | ,                                     | 1000            | NST. 3            |
| y: Original Signed Emery C. Arnold Supervisor Dist. # 3 |                        |                  |   | I we                             | Send Comm                               | nunications re                        | -               | 4                 |
| tle   |                        |                  | *************************************** | Name.                            | *************************************** |                                       |                 |                   |
|   |                        |                  |   | Addres                           | 3 CC 359                                | - CASPER,                             | M OUT           |                   |