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## NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

(Form C-104) Revised 7/1/57

## REQUEST FOR (COR) - (GAS) ALLOWAPLE

New Well

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.

					•••	Pandagten (Place)		9-2	(Date)
AR	E HER!	EBY RE	QUESTI	NG AN ALLO	WABLE FOR	A WELL KNOW	N AS:		
Asto	Compan	a Cas	Congressy rator)		(Lease)		, in		
		, Sec	6	., Т30	., R <b>191</b>	, NMPM.,	ela Jehot	•	Poc
•	Letter Summ			County Dat	e Spudded /	8-17-6A	te Drilling	Completed .	9-5-6A
				Elevation_	nia y	Total Dept	_6861-8	PBTD_	6844
	Please indicate location		tadon.			Name of Pr			
D	C	В	A	PRODUCING INT	ERVAL -	r 6780-6737		<b>* *</b>	
Tr.	F	G	H	Perforations_	2 117 66	Depth Depth	igh litera	Depth	
E	l	4	п	Open Hole		Casing Sho	°_ <b>6863</b>	Tubing	6638
	X	<u> </u>		OIL WELL TEST	=				Chok
L	K	J	I	Natural Prod.	Test:	bbls.oil,	_bbls water i	nhrs,	
				Test After Ac	id or Fracture	e Treatment (after rec	overy of volu	me of oil equ	al to volume o
M	N	0	P	load oil used	d):b)	ols,oil,bbl	s water in'	hrs,	_min. Size
				GAS WELL TEST	[ <b>-</b>				
	<del></del>			Natural Prod	- . Test:	MCF/Day; H	lours flowed	Choke	Si ze
whine		rAGE)	nting Reco			back pressure, etc.):			
Siz	•	Feet	Sax			e Treatment:			
				7		cf Testing:	•		Touch
8-5/	/8"	305	aho						
			600	Acid or Fract	ture Treatment	(Give amounts of mate	rials used, s	such as acid,	water, oil, an
- Burgh	/ <del>**</del>	900-3		Casing	Tubing	Date first new oil run to tank			
0-3	/A*	6636		Press.	Press•	oil run to tank	(S		
				Oil Transpor	ter	ill Pipolino			
				Gas Transpor	ter	skin <del>ara Tu</del> žan Cal	thursing to	reten	
.emarl	ks:	<b></b> .			******			•••••••••	
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			••••••					ZRIIT	IVFN
I	hereby o	certify th	at the inf	ormation given	above is true	and complete to the	best of my k	DOMESTICS F	,, <sub>PD</sub> /
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		<del>-</del>	-		<b></b>	D CENCINAL	SIGNED BY J	<b>PRINTS WENCH</b>	N. COM.
	OIL (	CONSE	RVATION	COMMISSIC	JN	Ву:	(Signa	E2.	
O,	riginal	l Signe	d Eme-	77 C A	<b>.</b>	TitleDistrict	. Sugarint	<u> </u>	-11.45:
Original Signed Emery C. Arnold  Supervisor Dist. # 3						Send Co	mmunication	s regarding v	veil to:
itle	Subelvia	MI DIE	₩	•••••••••••		Name	LL 6 986 C		
						A La Surranne d	570 Fared	neten. In	r Marian