REQUEST FOR (OIL) - (GAS) ALLOWABLE

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.

				(Place)	ington, New M	•	Ui/61 (Date)	
E ARE H	EREBY RE	QUESTI	ING AN ALLOWABLE	FOR A WELL KNO	OWN AS:			
	Union Pr		m Co., Seymour	, Well No	. 2 , in		SW1/4,	
•	• •	-	, T 31 N, R 9		enco. Mesaverd	8	Pool	
Unit Le	ter							
			County. Date Spudd	D.F. Total	Depth5435	PBTD	5415	
Pleas	e indicate lo	cauon:		00-5390 Name o			·	
D	C B	A	PRODUCING INTERVAL -					
			Perforations	l ₁ 700-5390				
E	F G	н		Depth Casing	Shoe 5115	Depth Tubing	5261	
			OIL WELL TEST -					
L	KJ	I		bbls.oil,	bbls water in	hrs.	Choke	
				acture Treatment (after				
Mo	N 0	P		bbls.cil,	,	•	Choke	
			GAS WELL TEST -					
				0 /-				
		tina Paga		—O— MCF/Da			e	
Sire	ing and Cemer Feet	SAX	• • •	tot, back pressure, etc			. ,	
	Liner		-	acture Treatment:				
43	1025	275	Choke Size 10	ethod of Testing: Do filed when co	bTe cen*	1886		
2-3/8	5261		Acid or Fracture Treat	iment (Give amounts of r	materials used, suc	h as acid, wate	er, oil, and	
			sand): Fraced w	th 120,000# sand	1 and 129,822	gallomH2()	
			Casing Tubing Date first new Press. oil run to tanks					
				New Mexico Tani		(CEII)		
				Southern Union G		APP114		
emarks:		••••••		× · · · · · · · · · · · · · · · · · · ·		KLULIVE	₩	
••••••••						AUG3 1 19	61	
	y certify that		ormation given above is		UNION PRODUCT	Wiedge.	€ 1 A	
pproved	AUE 3.1		, 19	Souther	Coppositive S	per or	1.	
Oī	CONSER	VATION	COMMISSION	By: G1	Lbert D. Volar	nd. Jr.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
				•	(Signature	e)		
OH ::	**************************************	nea Em	ery C. Arnold	Title	Send Communications regarding well to:			
itle	او syleor Di بيوري	6 L# §						
	**************	••••	**************************************	NameGill	pert D. Noland	i, Jr.		
				Address Pe). Box 803, Fa	armington.	New Mexico	

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NS. ORT: R	GAS		
PROLATION OFFICE	,	 	
OPERATOR		5	_