REQUEST FOR ******- (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.

			ist be reported on 15.025	.Astec,NevMe	deo	7-22	-58 (Date)
ARE	HEREBY	REOUEST	ING AN ALLOWABLE	, ,	WN AS:		/
			MATICE S			. 	
(C	ompany or	Operator)	(L	ease)			
Unit L	, (atter	Sec 	, T 311 , R 9 1	, NMPM.,		······································	P00
	Sen A	***	County. Date Spudde	edFebruary, 195	Quate Drilling Co	campleted	11-52
Please indicate location:			Elevation 6342	Total Do	epth_ 5635	5 PBTD 5605	
<u> </u>	C I	B A	Top Oil/Gas Pay 47	Name of	Prod. Form.	Hess. Yerde	<u> </u>
			PRODUCING INTERVAL -	1889-1908, 1986-2 5010-50, 5102-16,	5131-48		
_		0 77	Perforations_	5365-94, 5491-46, Depth	5481-87, 55	13-18 Depth	
	F	G H	Open Hole	Casing	Shoe 7" - 173	Tubing	
			OIL WELL TEST -	5"	liner - 556	D.	
	K	JI	Natural Prod. Test:	bbls.oil,	bbls water in	hrs,	Choke min. Size_
		1		acture Treatment (after			
\top	N	0 P	-	bbls,oil,			Choke
			GAS WELL TEST -	· /			
!_) 	MCF/Day	. Umuma . £1	Challa Ci	**
	و فيشدف_	Cementing Rec					
Size	Feet	_		tot, back pressure, etc.			
	7			acture Treatment: 3117	•		
0_3/	A 233	200		ethod of Testing: That			
			Acid or Fracture Trea	tment (Give amounts of m	aterials used, su	ch as acid, wa	ter, oil, and
**	4568	358	sand): 5385-5518	ng Date first n	1 200-200	1737, code	32,000
	5560	200	PressPres	soil run to t	anks	,	
			Cil Transporter	Paso Natural Gas	Products Co	THEY	
» ———	5508		Gas Transporter	Paso Matural Gas	General		
arks:	Perfor	med liner	frae workever. B	la healtwr tuespe	lomble as 9	g 7-643-54	
o be	obtain	ed on Del	ivereprizzy test w	Bree orth Thin.		f	••••••
			***************************************		•••••		25.1958
I her	eby certif	y that the in	formation given above is	true and complete to the	he best of my kno	owledge IT Co	ON. COM
			1 200 0 4050	PURCO PE	(Company or	CHARLES DI	ST. 3
					•	-	The same of the sa
(DIL CON	SERVATIO	N COMMISSION	Ву:	(Signatu	re) H. B. M	mell, J
Orig	inal Sig	ined Emer	ry C. Arnold	Title			
			A COLUMN	Send (Communications	regarding wel	l to:
Su	pervisor	Dist. # 3	•••••••••••••••••••••••••••••••••••••••	216	Z. Markell,		
				Name			, Marian
				Address 106 T	lest Chusica,	These be	

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