REQUEST FOR (OIL) - (GAS) ALLOWABLE

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.

					Parm (Place)	ington, New	Mexico	August31,	
ARE H	EREBY R	EQUESTIN	NG AN ALLOWAL	BLE FOR	A WELL KN	NOWN AS:			
			on Company — 1				, in NE //	NE 1/4,	
(Con	npany or Op	erator)		(LEASE)					
A Sec. 35		, T31N , R.	12-4	, NMPM.,	Basin Da	kota	Pool		
•			County Date So	udded	6/2/61	Date Drilli:	ng Completed	7/6/61	
San Juan		Elevation 5	899	Total	1 Depth	PBTD	6910		
Please indicate location:		Elevation 5899 Total Depth 6962 PBTD 6910 Top Oil/Gas Pay 6766 Name of Prod. Form. Dakots							
D (В	A	PRODUCING INTERVA			_			
		0	Perforations	6 766-6 78	8 68 26-	<u>6876</u>			
E	F G	H	Open Hole		Depth Casir	n ng Shoe <u>59</u>	Depth Tubing	<u> </u>	
L 1	K 5 J	I	OIL WELL TEST - Natural Prod. Tes	st :	tbls. of l.	bbls wate	rin hrs.	Choke min. Size	
.,			Test After Acid >	or Fracture	Treatment (afte	er recovery of v	colume of oil equ	al to volume of	
M	N O	P	load oil used):	bbl	5,041,	bbls water in	hrs,	min. Size	
		<u></u>	والمستقديدة ويهون والأرفانية التنفيرين	676					
			. Natural Prod. Tes						
. •		nting Recor							
Size	Feet	Sax	Test After Acid o					-	
10 - 3/4"	198	100	Choke Size 3/						
5-1/2"	6971	900	Acid or Fracture						
	-/ 1		sand):	<u>00.000 1</u>	be. <u>Sand</u> Date first	<u>117,600 ജമി</u> t new	a veter		
2-3/8"	6750		Casing Press.	Press	oil run to	o tanks			
			Tansporter	Mew	Mexico Ten	ke re		TIRE	
			Gas Transporter	South	ern Union	Gathering C	a /s	THED!	
emarks:		••••						House Mr. R	
						******************	SEP	7 1961	
								TALCOM.	
I hereb	y certify th	at the info	rmation given aboy	ye is true a	and complete to	o the best of my	knowledge.	JST. 3	
pproved	SEP 7 19	61				n Union Pro	dustion for		
• •						`	or Operator)	. (
			COMMISSION		By: S.	Huennink Sig	nature)	Lament	
, Origin	nal Signe	ed Emers	C. Arnold		Title	Production :	Superintende	4	
C	rvisor Dist	# 3			Sen	d Communicati	ons regarding w	ell to:	
itle Supe	IAMPI PAR	<i></i>	**************************************		T	C Managed	mle		
100					Name	. S. Muenni	ELK.		

STATE OF	NEW MEXICO	
O!L CONSERVAT	ION COMMIS	sio
ALT C DIS	TRICK OFFICE	
NUMBER OF CUP 25 RE		4
D ST.	الاجابيرة	
SINTA FE		
hick	_	_
C.S.O.S.		
	TOIL	-
TRANS/ORT: R	GAS	
PROMATION OFFICE		
OPERATOR	1 1	