NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

(Form C-104) (Revised 7/1/52)

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 oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

						Casper,		g	Octo	ber 15,	
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Tennes	see Ga	s Tra	nsmissio	n Co. Con					n SE	1/4 8	W 1/4
(C	ompany	or Opera	itor)	T. 31N	(Lease)					-	
UMIT	A COLOR										
Seu	n Juan	<u>.</u>		County. Date	e Spudded	eptember	4, 1956	Date Comp	letedOct	ober 2,	1956
Ple	ase indi	cate loc	ation:								
D	С	В	A	Elevation	5643	Total	l Depth	2111	, P.B.	2079)
E	F	G	Н	Top oil/	gas pay	1964	····· Name	of Prod.	Form	ocito	•••••••
				Casing P	erforations:	(2020-27) (2034	-52) (20	056 -20 76))	or
L.	K	J	I	Depth to	Casing shoe	of Prod. Strip	ng				······································
М	N	υ	P	Natural I	Prod. Test	60				•••••	B OPD
1				based on	60	bbls. C	Oil in	24	Hrs	0	Mins.
				Test afte	r acid or sho	· t					B OPD
Castn	g and Oc	menting	Record								
Size	Fe	et	Sax	Based on		bbls. C	Oil in		Hrs		Mins.
7-5/8	1	10	60			•••••••					
4-1/2	21	.08	100	Size chol	ce in inches.	••••••			······································		
				Date first	t oil run to t	anks or gas to	Transmis	sion system		F	
•	-					il or Gas:	Box F	ar Traci	LOIL	HV	1
				Transpor	ter taking O	il or Gas:			4159	ELA FT	7
			El Paso	Natural Ga	s Product	s. Company.			007:		
;				on, New Me					OIL CO	N. COM	.
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I here	by certi	ify that	the inform	nation given a	bove is true	and complete	e to the be	est of my k	nowledge.	-	
pproved		***********	10	2-3/	ع. ک. اور	Ten	Original	Company or Signed By	Operator)	Compan	Y
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itle	and G	as Ins	pector D	st. #3.		NameP	atteran	n Iav	-		
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Address P. O. Box 1772, Casper, Wyoming

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