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NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

REQUEST FOR (OIL) - (ALLOWAPLE



(Form C-104)

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 recompletio. The completion date shall be that date in the case of an oil well when new oil is delivit be reported on 15.025 psia at 60° Fahrenheit.

into the stock tanks. Va. must b		t be reported on 10.020 p	Place)		(Date)		
ADEL	FRERV P	FOUESTI	NG AN ALLOWABLE	FOR A WELL KI	NOWN AS:		
MRE F	CAL Com		Navajo ^{sps}	Well No	2 in	1/2	S f
			(Le:	use)			
	Sec	35	, T. 325 , R. 17	M, NMPM.,	Sales gas to	d Gallup	Po
	حمدا						
a 74			County. Date Spudde	d	1 Depth 1660'	PBTD	440
Pleas	se indicate l	location:	Top Oil/Gas Pay 259	Mame Name	of Prod. Form.	Gellum	
	C B	A	_	Ngille			
			PRODUCING INTERVAL -				
	- -		Perforations 1596'-	1605' Dept	h 96514	Depth 3 g	R.
E	F G	H	Open Hole	Casi	h ng Shoe 1654'	Depth Tubing 157	<u> </u>
			OIL WELL TEST -				
,	K J	I	Natural Prod. Test:	bbls.oil.	bbls water in	hrs,	Cho min. Siz
7	7		Test After Acid or Fra				
-	N O	P	load oil used):				Choke
			load oil used):	bbis, oil,	DDI2 Maret III		
otilo	- 22		GAS WELL TEST -				
	er of rest	PI NOL	Natural Prod. Test:	MCF/	Day; Hours flowed	Choke Size_	
dng Ca	(FOOTAGE) sing and Gem	menting Reco	rd Method of Testing (pit	ot, back pressure,	etc.):		
Sur	Feet	Sax	Test After Acid or Fra	scture Treatment:	MCF,	/Day; Hours flowe	ed
			Choke SizeMe	ethod of Testing:			
-5/8"	33'	10					
- 1	24700		Acid on Fracture Tratsand):	mental Give amounts of	of materials used fur	th as acid, water	, 011,
_1/2"	16521	100					
-3/8"	15651		Casing Tubir Press Press	oil run	to tanks	1763	
			Oil Transporter	Pead Co	(p)		
			1		// 	14	
	Ve	11 20000	Gas Transporter	in 24 hours.		14/2	.
narks:.		······································					<u> </u>
		********					وورب
				and as-malass	to the best of my kno	owledge.	
I her	eby certify t	that the in	formation given above is		Oll Company		
proved.	MAY 2819	163	, 19		(Company or C	Operator)	
					W. Suon	q_	
			N COMMISSION	Ву:	(Signaty	()	
	ginal Signe			Assi		Superintend	ant
				Se	nd Communications	regarding well t	to:
PET	ROLEUM	ENGINEE	R DIST. NO. 3		Ly Cil Company		
.IC				Daniel Control of the	: 36, Nobbs, Hor	Medico	
				Address	·	*****	