

NEW MEXICO OIL CONSERVATION COMMISSION

(Form C-104)
Revised 7/1/57

Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
Recompletion

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

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 QUADRUPPLICATE 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) (Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS _____

_____, Well No. _____, in _____ 1/4 _____ 1/4,
(Company or Operator) (Lease)
_____, Sec. _____, T. _____, R. _____, NMPM, _____ Pool

County _____ Date Spudded _____ Date Drilling Completed _____
Elevation _____ Total Depth _____ PBTD _____

Top Oil/Gas Pay _____ Name of Prod. Form _____

PRODUCING INTERVAL -

Perforations _____
Open Hole _____ Depth _____ Depth _____
Casing Shoe _____ Tubing _____

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls. water in _____ hrs, _____ min. Choke Size _____
Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used), _____ bbls. oil, _____ bbls. water in _____ hrs, _____ min. Choke Size _____

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____
Method of Testing (pitot, back pressure, etc.): _____
Test After Acid or Fracture Treatment: _____ MCF/Day; Hours flowed _____
Choke Size _____ Method of Testing: _____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): _____

Casing _____ Tubing _____ Date first new _____
Press. _____ Press. _____ oil run to tanks _____
Oil Transporter _____
Gas Transporter _____

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

(FOOTAGE)
Tubing, Casing and Cementing Record

Size	Feet	Sax

Remarks: _____

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved _____, 19_____
(Company or Operator)

OIL CONSERVATION COMMISSION

By: _____
Title _____

By: _____
Signature)
Title _____
Send Communications regarding well to:
Name _____
Address _____

DEVIATION SURVEYS

<u>DEITCH</u>	<u>DEGREES OFF</u>
402	1/2
769	1/2
1802	3/4
2209	1-1/4
2871	1-1/2
3632	1-1/2
3958	1-1/2
4227	1
4431	1-1/2
4612	1
4711	1/2
4764	1/2

The above are true and correct to the best of my knowledge.

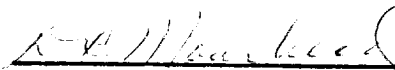


V. E. Staley, Area Superintendent

Sworn & Subscribed to this date, the 8th day of October, 1964.

6-18-68

My Commission Expires



D. R. Moorhead, Notary Public
In and For Lea County, New Mexico