REQUEST FOR (OIL) - (GAS) ALLOWABLE'E 0.0.0.

New Well Recompletion

This form shall be submitted by the operator before an initial allowable will be submitted 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. Cas must be reported on 15.025 pria at 60° Fahrenheit.

· · · · · · · · · · · · · · · · · · ·				OR A WELL KNO		SE ,	
Company	or Operator)	44.	(Lesse) , NMPM.,	******		•
	, Sec	T	, R	, NMPM.,	M0001070		P
LOG		a .		2-2-44	Data Datilian	Completed	8-19-64
		المستواف	ion 4331 of	Total	Depth_	PBTD	***
Please indic	cate location	1.	/Gas Pay		f Prod. Form.		<u> </u>
D C	B A	.					
			ING INTERVAL -	4136,4	144,4147,41	51,4161	Lisa Liab
	G E	7 . 1		each # 4076,			911Z, 91ZG
		Open Ho	ole	Depth Casing	Shoe 465	Tubing	4120
		OIL WEI	L TEST -				
LK	J	Natural	Prod. Test: 72	bbls.oil,	bbls water i	n 🌦 hrs.	min. Siz
	1			re Treatment (after			
M N	0 F	5				,	Choke
		1		bbls,oil,	_DDIs water in	nrs,	_min. Size
		GAS WEI	LL TEST -				
716. 5 13	D. LAT	Natural	l Prod. Test:	MCF/Da	y: Hours flowed	Choke	Size
ing ,Casing an	i Gementing	Record Method	of Testing (pitot,	back pressure, etc	.):		
Size Fe	et Sa	Test Ai	fter Acid or Fractu	re Treatment:	MC	CF/Day; Hours	flowed
3/8 3	76 3	25 Choke S	Size Metho	d of Testing:		1	
	-						
14 M	3 1	Acid or	Fracture Treatmen	t (Give amounts of m	naterials used, s	uch as acid, w	water, oil, a
2/8 41		sand):		Date first o	2011		
		Press.	Press.	Date first of oil run to f	anks 8-30-	<u> </u>	
		Oil Tra	ensporter Citie	e Service 911	Co Truck	8	
		Gas Tra	ensporter Name (#	o transporter	in erec) an	s le bela	ventes
arks: 90 444	3 Perf.	w/12 hold	s each p 4071	, 4074, 4055,	4101, 4107,	4112, 41	
136, 4141,	4147. 4	151 e 4161	. Deskhad M	00 + Tr. w/4	hers POP Pu	mpad on p	stantial
	w/24 tu	3. CON 16		CP 150# TP 2	•	********	
72 BO . TY.	•••••						*****************
				e and complete to t	he best of my kn	lowleage.	
I hereby cert			19		(Company or		**************
					(Course peaks) Ca		
I hereby cert				CIA			
I hereby cert		ION COMM	ISSION	By:	Roberta		
I hereby cert	NSERVAT	ION COMMI		platr			
I hereby cert roved	NSERVAT	ION COMMI	ISSION	Distri	Kakerla (Signati let Clerk	ure)	
I hereby cert	NSERVAT	ION COMMI		Title Send	Rafiela (Signati let Clork Communications	ure)	
I hereby cert roved	NSERVAT	ION COMMI		Distri	Rafiela (Signati let Clork Communications	ure)	