01	STRIBUTION	
BANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	011	
TRANSPORTER	GAS	
PROBATION OFFIC	CE	
OPERATOR		

## NEW MEXICO OIL CONSERVATION COMMISSION (Form C-104) Santa Fe, New Mexic

## REQUEST FOR (OIL) - (GAS) ALLOWAPLE

.....

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

		(Place)				2 Nu	(Date)	
			ING AN ALLOWA	0276 <b>.</b>				4
	Company or O See	•	, T, R	(Lease)		Sector Concer	-,	-
-								
	an a		County. Date Sp	udded <u>12.10</u>	Date Date	Drilling Co	mpleted	<u>7-33-55</u>
Ple	ase indicate	loc <b>at</b> io <b>n</b> :		<u>1:220</u>				
D	C B	A	1		Name of Prod.	Form	ाः स्ट्रेस्ट द	
			PRODUCING INTERVA	<u> </u>				
EI	FG	H	Perforations	ار دور این از با در از این از این این از این این از از این از	: Depth		Devid	
	-   -		Open Hole		Casing Shoe	<u> </u>	Depth Tubing	9510
L	K J		OIL WELL TEST -					
"	K J	I	Natural Prod. Tes	t:bbls.o	oil,bb	ls water in	hrs,	Chok min. Size
				r Fracture Treatme				
M	NO	P	1	<u>pap</u> bbls.oil,			-	Chake
			GAS WELL TEST -					
	(FOOTAGE) asing and Cem			t: (pitot, back pres				
Size	Feet	Sax		r Fracture Treatme				
ge verst				Method cf Testi				
1-973 - 1-973			Acid or Fracture 1 sandly forthal 20	Treatment (Give amo	ounts of material	s used, such	as acid, w	water, oil, and
			Sand): Actual is	Tubing Da <sup>.</sup> Press. <u>720</u> oi				
	- 550	<u> </u>						
			Oil Transporter				·	
			Gas Transporter					
emarks:.	•••••••••••••••••••	•••••••••••••••••••••••••••••••••••••••				••••		•••••
•••••						••••••		•••••••••••••••••••••••
••••								
			ormation given abov		piete to the best	OI MY KNOW	leage.	
pproved.		••••••	, 1	9	(Co	mpany or Op	erator)	······································
C	H. CONSEL	RVATION	COMMISSION	By:	Augu	H	hill	L
	1,	6		<i>2</i> 7		(Signature)		
v.		/ 	<u></u>	Title			·····	••
4]. 	p				Send Commu	inications reg	garding we	ell to:
	f		•••••••••••••••••	Name		 م		
	/			Addres	5		n (n sa sa sa sa La turbu sa	