NEW N ICO OIL CONSERVATION COMMIS IN Santa Fe, New Mexico

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

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

					(Place)	*******************************	(Date)	
E ARE	HERE	BY RE	QUESTIN	NG AN ALLOWABL	E FOR A WELL KN	OWN AS:	B.R. 1/4 H.R. 1/4,	
(1	Company	or Ope	rator)	(1)	//	, in	1/4,	
<u> </u>		., Sec	39	, T. 8-8 , R	M-E NMPM.	outh Prairie	Pool	
Unit	Laureli Laureli							
					ded Total		PBTD 9,672	
Ple	Please indicate location:					Name of Prod. Form.		
D	C	В	3 4	PRODUCING INTERVAL -		or Frod. Form.		
ŀ			1					
E	7	G	H	Perforations 9.	Depth	bales per fr	Depth	
_	-		-	Open Hole	Casing	Shoe 7,405	Tubing 9,655	
- +				OIL WELL TEST -				
L	K	J	I	Natural Prod. Test:	bbls.oil,	bbls water in	Chokehrs,min. Size	
			l				e of oil equal to volume of	
MN	N	0	P				Choke hrs, min. Size	
- 1					221010111		iiis, miii. Size	
				GAS WELL TEST -				
				_			Choke Size	
i bing ,0 Size		id Gemer cct	rting Record	Method of Testing (p	itot, back pressure, etc	.):		
3136	- 	~ 1	SAX	Test After Acid or F	racture Treatment:	MCF,	Day; Hours flowed	
2_2/1	he 1		-00 M-	Choke Size	Method of Testing:			
- V				Asid on Enecture Tree	atmost (Give amounts of	materials used, suc	h as acid, water, oil, and	
2-5/1	" bel	134		COS coller			tend acid, 15,000	
			_	Casing Tub	ing Date First	new		
7" 0,	De Pal	23:	<u> </u>		ssoil run to			
9_2/		Lege.		1	Permiss Surpers	tion, Dex 1251	, Milland, Suma	
5-2/	7	22.		Gas Transporter				
marks:		••••••	••••••	· · · · · · · · · · · · · · · · · · ·			***************************************	
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••••••				••••••••••••	***************************************		***************************************	
I her	reby cert	tify tha	t the infor	mation given above i	s true and complete to	the best of my kno	wledge.	
proved		••••••		<u>'464</u> , 19	lan	. Star Product	ng Conpany	
	_	c)	/		<i>Ç</i> /	(Company of O	perator)	
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