NEW AEXICO OIL CONSERVATION COMMASION Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well

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

					Hobte, New	Mexico			255 ate)
D.E. 11.	EDENY DI	COLLECTING	C AN ALLC	WARIE FOI	(Place) R A WELL KN	OWN AS:		(1	4 0. /
ARE HI	fie Coal	& Oil Co	AN ALLC	State "M	Well No	1	in SV	1/4	G)
(Unit)	Sec.	 ,	T15-5	, R31-4	, NMPM.,	South D	riend.	- Die Gas	.z.e.e.e
Chave	8		County. Da	te Spudded	5/11/55	, Date Com	pleted	5/25/5	5
Please	e indicate l	ocation:							
			Elevatio	on. 4440 (E	T) Total De	pth. 3154 (R	T) , P	P.B	
		-	Top oil	/gas pay31	u'(et)	Name of Prod	l. Form	Queen	
	I		Casing	Perforations:.			····		•
			Depth	to Casing shoe	of Prod. String	3141	(RT)		
			Natura	Prod. Test		•••••		••••••	ВО
			based o	n	bbls. Oil	in	Hrs		M
			Test af	ter acid or sho	t	304.62			B O
Casing a	and Cement Feet	ing Record Sax	Based o	on165	bbls. Oil	in13	Hrs		М
-5/8"	2821	250							
	31301	100	Size ch	oke in inches.	·····	3/4"			
-1/2	72,70		Date fi	rst oil run to t	anks or gas to Tr	ansmission syste	em: X	27, 19	55
					Arte	sia Pipelis	o Co, 1	er the	1600W
			Transp	orter taking C	oil or Gas:	MalcoAspii	alt.gg	MITHING	UO ,
	Condition of	400 00 0	1000 est s	of oil om	d 8000# of s	and .		******	
		1 140 at a	MAN RATES		<u> </u>				
marks:									
marks:									
		nat the infor	mation given	above is true	e and complete to	the best of my	knowledg	 ge.	
I hereb	by certify the	nat the infor	mation given	above is true	e and complete to	ifie Coul a		Company	
I hereb	by certify the	nat the infor	mation given	above is true	and complete to	ifie Coul a	knowledg	Company	
I hereb	by certify th	······································	mation given	, 19	e and complete to	(Company		Company	
I hereb	by certify th	······································		, 19	By: By:	(Company (Sig	or Operato	or)	
I hereb	by certify th	······································		, 19	By: By:	(Company	or Operato	or)):

Address. Hex. 1688, Hobbs, New Mexico

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