## NEW .AEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

				alteria dilibitati della mana	Charles of the same	
				(Place)	(Date)	
WE ARE	HEREBY	REQUESTING	AN ALLOWABLE I	FOR A WELL KNOWN AS:		
			o siglio	, Well No, in.	(1)	
(Company or Operator) , Sec., T.			(Leas	se) ಚಿತ್ರಗಾಗುತ್ತದೆಗ	, , , , ,	
(Uni	, Se t)	ec, 7	r, R.	, NMPM.,	Pool	
			County Data Smidded	5-2-55	<b>(*2</b> .456	
Ple	ase indicate	location	County. Date Spudded	5-2-55 Cas seconds M Date Comple	ted	
110	ase muicate	location.				
	,		Elevation 190	Z. Total Depth.	, P.B.	
	_					
			Top oil/gas pay	3037 Name of Prod. F	orm	
			Casing Perforation	s:		
			Casing Ferroration		or	
			Depth to Casing sh	oe of Prod. String		
				in the second se		
	0		Natural Prod. Test.	<u></u>	BOPD	
	**		based on	Took bbls. Oil in	Hrs Mins	
<u> </u>						
			Test after acid or s	<u>lacoro</u> (20)	<b>BOPD</b>	
Casing and Comenting Record			Based on 125	bbls. Oil in.	u. valdika	
Size	Feet	Sax	Dased on	bois. Of in	THSNIIIS.	
	317	350	Gas Well Potential			
ļ	-	7750 68 30%				
<u>इ.</u>	2020	200 monts	Size choke in inche	2S	······································	
			Date first oil run to	tanks or gas to Transmission system:		
	<u></u>		•	•		
			Transporter taking	Oil or Gas:	(1) 1 1 전략 	
<u> </u>	20.28 3.0		produce to the property			
Remarks:	الكريان بالسابات	BORDOS SAN	DE MARY TO WARRE CO.	allens and 19,300 ours.	•••••••••••••	
·····						
•••••	•••••				•••••	
I herel	by certify t	hat the informa	tion given above is tri	ue and complete to the best of my kno	wledge.	
			, 19	Gramides Composition	;	
11			,	(Company or O	perator)	
O	IL CONSE	RVATION CO	MMISSION	By: Office		
				(Signatur		
By:	•••••	••••••		Title Praimother Superior	entitati.	
				Send Communications regarding well to:		
Title				Oz s zádeje – Cozejo v a užou: Name		
				The same of the sa		
				Address	and the second s	