## NEI AEXICO OIL CONSERVATION COM SSION 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.

					Midland,	Texas	Decemb		
VE ARE I	HEREBY	REOUESTIN	G AN ALLO	OWABLE FOR	(Place) RAWELLKNO	OWN AS:		(Dat	e)
		. •			, Well No		in SW	1/4 SW	
(Cc	mnany or (	Inerator)		(T.eage)					•
(Unit	, Se	ec. <b>20</b> ,	T.13-5	, R. <b>33-B</b>	, NMPM., . <b>La</b>	XY J ()	enn)		Pool
•	•		County. Da	ate Spudded	10-30-54	Date Co	mpleted 12-	17-54	
		location:	•	•		•			
			Elevation	on, 4427 (1	OF) Total Dep	oth <b>9827</b>	, Р.В	9822	······································
			Top oil	l/gas pay90	520	. Pr	od. Form. WO	lfcamp	
			Casing	Perforations:	9620!-9640!	;9650'-	97201;97	70-9810	<b>)</b> †or
			Depth :	to Casing shoe	of Prod. String	986	01		
			Natura	l Prod. Test				•••••	BOPD
X			based o		bbls. Oil in	<b>L</b>	Hrs		Mins.
			Test af	ter acid or shot	639				BOPD
Casing and Cementing Record Size Feet Sax			Based o	on 213	bbls. Oil in	<b>.8</b>	Hrs	0	Mins.
			Gas Wo	ell Potential		****************		••••	
13 3/8		400	Size ch	oke in inches	30/64"			••••	
8 5/8		2600	Date fi	rst oil run to ta	nks or gas to Trai	nsmission sys	stem: 12=	17-54	•••••
5 <del>1</del>	9860	450			or Gas: . <b>Texas</b>				
			Transp	orter taking Or	Of GasA. MARIAN		ж <del>и.м.мкк.</del>	WM.#44#	••••••
.emarks:	••••••		••	•••••			••••••		
	••••••	***************************************							
	•	that the inform	•		and complete to t				
.pproved	1	*********************	*****************	, 19			y or Operator)_		_
oj	CONSI	ERVATION O	COMMISSIC	ON	By:V		en		
	()	Stale.	,			1 '	gnature)		
y: - f		zamu	1	•	Title		uperinte tions regarding		
itle	<del></del>		·····		NameThe				
					Address Box			Texas	