NEV 1EXICO OIL CONSERVATION COM' SION 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.

				••	Midland, Texas (Place)			June 2, 1959	
WE ARE I	HEREBY R	EQUEST	NG AN ALLO	WABLE FOR	R A WELL KN	NOWN AS:		(Date)	
TRIAGO Inc. (Company or Operator)			st. N.M.	(Lesse)	, Well No.	, in.	SE	/4 SE !/4,	
			, T ll:-6	, R 33#E	, NMPM.,	Saundera	•••••	Pool	
L			County. Day	te Spudded	<u>-7-59</u>	Date Drilling (conleted	5_17_€ 0	
Please indicate location:			Elevation	1213 (M	Total	Depth 10,0001	PBTD	nene	
D	СВ	A	Top Oil/Ses I	Pay 97481	Name	of Prod. Form.	maylvan	lan	
						97561 to 976			
E	F G	H	Perforations_	98501 14	98561, 987 Depth	or to 9874t,	98981 to	99101.	
					Casin	g Shoe 10,0001	Tubing_	99581	
L	KJ	I	OIL WELL TEST	-				Choke	
İ		. –				bbls water in		min- Siże	
M	N O	4_				r recovery of volum			
		X			ls.oil, O	bbls water in _2	hrs, <u>0</u>	_min. Size 13/6	
			GAS WELL TEST	-		ay; Hours flowed			
13 3/8* 8 5/8*	348 14102	1,00 21,00	Choke Size	Method	of Testing:	MCF			
0 3/0-	4108	2400	sand):		Date first		 	·	
5 1/2"	9989	350	Casing Press. Dack	Tubing Press• <u>17</u>	oil run to	tanks 5-28-5	2		
2 3/8=	9960	 	Transport	er <u>Warren</u>	Patroleum C	опралу		-	
	wfemate.	134 0 4	Transport	er Terras-I	er Merica P	ipe Line Comp	OTES .	0276 · A-	
						from 9748! to d.9898! to 991			
	regular.		1.4		eyo/4 ₉ an		A63	w180-A121	
						the best of my kno	wledge.		
			2000 in 100		-	ICO Toe			
••			COMMISSIO	•	By:	(Company or C	perator)		
$\mathcal{O}_{\mathcal{A}}$					(Signature)				
;: <i>fl.</i> .	Ym n	1. N	nyan	••••••		Communications		ell to:	
itle	****************	•••••••	•••••••••••••••••••••••••••••••		Name	3Blevine,ā	h _e		
						Bex 352 Midle			