## NEW MEXICO OIL CONSERVATION COMMISSION 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.

(Co	(Company or Operator) Sec			(Lease)						
D. Unit Le	Sec	, <i>folio</i>	, T.44-5,	R 22-5	, NMPM.,		under	<b>3</b>	• • • • • • • • • • • • • • • • • • • •	Pool
Le	8.		County. Date S	pudded1	0-18-57	Date I	rilling O	completed	12-17	-57
Pleas	se indicate	location:	Elevation						97901	
D	C B	A	Top Oil/Gas Pay PRODUCING INTER		Na	me of Prod. 1	orm	AOTECSU		
E	F G	H	Perforations Open Hole			pth	08071	Depth	07861	
			Open Hole OIL WELL TEST -		Ca	sing Shoe	<del>3037 ·</del>	Tubing_	7/00.	
L	X J	I	Natural Prod. T			•				
M	N O	P	Test After Acid						Chol	ke
			GAS WELL TEST -							
			_ Natural Prod. T	est:	MC	F/Day; Hours	flowed	Choke	Size	
bing ,Cas	ing and Cem	enting Reco	rd Method of Testi	ng (pitot, h	oack pressure,	etc.):	***		<del></del>	<del></del>
Size	Feet	SAX	Test After Acid	or Fracture	Treatment:		MCF	/Day; Hours	flowed	<u> </u>
3 3/8	324*	400	Choke Size	Method	of Testing:		<b>*</b>	<u>.</u>		
	41661	2200	Acid or Fracture	e Treatment	(Give amounts	of materials	used, su	ch as acid,	water, oil	, and
5 1/2	98971	400	sand): Casing Press. Pkr.	Tubing 7	<b>5#</b> Date fir	rst new to tanks	12-17-	·57	·····	
2" 97761			Cil Transporter	Texas	New Mex	ico Pip	e Line	Compa	nk	
	COD 12	20	Gas Transporter	MOTILE	II LECTOT	TURE COA	boraei	.on		
marks:						••••••••••			***************************************	
		••••••								****
I herel	y certify th	nat the info	ormation given ab	ove is true	and complete	to the best	of my kno	wledge.		
proved			• • • • • • • • • • • • • • • • • • • •	, 19	The T	exas Co	npany or C	Opegator)		
Ol	L CONSE	RVATION	COMMISSION		Ву:	111	(Signatu	re)	/,	
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					1401110	e Texas				
					Address P.	O. Box	458, I	lobbs,	New Me	xico