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## NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

(Form C-104) Revised 7/1/57

## REQUEST FOR (OIL) - (GAS) ALLOWAPLE

New Well Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or 62 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. Can must be reported on 15.025 psia at 60° Fahrenheit.

u mu	o uic su	CAL CALINS	. Van IIIu	it be reported o		Rebbs,	New Mexico	10	/25/62 (Date)
. ARI	E HER	EBY RE	OUESTI	NG AN ALLO	WABLE FOR	A WELL KN	OWN AS:		(3337)
****	Bud	11450	Compe		bil State	, Well No	<b>3</b> , in		
Timbi	Laster						Undesi		
		L	<b>16</b>	County. Da	te Spudded	4-62	Date Drilling G	mpleted	10-18-62
		ndicate lo		Elevation		Total	Depth	PBTD	<del></del>
ם ו	C	В	A	Top Oil/Gas	Pay	Name	of Prod. Form.	Maca	
ן ע				PRODUCING IN	TERVAL -				•
				Perforations	3402	- 3406 Depth		Depth	
E	F	G ■	H	Open Hole		Casin	g Shoe	Tubing	3439
				OIL WELL TES					
L	K	J	I	Natural Prod	- l. Test:	bbls.oil,	bbls water in	hrs,	Chok min∙ Siże
							r recovery of volum		
М	N	0	P				bbls water in		Choke
			1 1						
			<u></u>	GAS WELL TES	-			Chalia	Ci
	(F00	TAGE)					Day; Hours flowed		
bing Casing and Cementing Recor			ooen gniss Sax				:c.):		
5140		<del>- 1</del>		7			MCF		
IJ	3/4	367	100						
				Acid or Frac	ture Treatment	(Give amounts of	materials used, su	ch as acid,	water, oil, an
1	5/4	1265	Pulle	sand):			A PART SEARCH RESERVE AND RESE		
44		3460	200	Casing Press.	Tubing Press	Date first oil run to	tanks 10-13	-62	
				<b>⊣</b> ""	•		Corporation	+	-
2		3430			rter		Caple	1000	<u>lo</u>
mark	s: Rai	n legs	and	tasing and			ecid treat	nent-sw	nd bodde
			Plow.		be tank at	id topted.	24 hours fo	r initi	al potes
w.	•	7	14 4	a Si	lelm/	685	***************************************		
T h	nerehy (	certify th	at the inf	ormation given	above is true	and complete to	the best of my know	owledge.	
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ър. От	-						(Company or )	17/2	Rn
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						A 1.1	Box 1426, F		er Kerie
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