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. Cas must be reported on 15.025 psia at 60° Fahrenheit.

WE ARE F	IEREBY I	REOUESTI	NG AN ALLOWABLE	(Place) FOR A WELL KN	IOWN AS:		(Date)
Fede	eral "R"		<u> </u>	Well No.	1	i n SV	VA NO
(Company or Operator)			(Lesse) , T. 16 , R 32 , NMPM, Robinson-Undestanate				•
Unit Lo	Se	c	., T16, R. 22	, NMPM.,	Kobinson-Un	aestanare	Po
Lea			County. Date Spudde	7-1-59	Date Drilling	g Completed	7-15-59
Please indicate location:			Elevation 4/3() Total Depth 4/30 PBT				
D	СВ	A	Top Oil/Gas Pay 379	6 Name	of Prod. Form.	Grayburg]
			PRODUCING INTERVAL -				
E	F G	H	Perforations 3796				
-			Open Hole	Depth Casin	g Shoe 40981	Depth Tubing	40001
•	7,		OIL WELL TEST -				
r	K J	I	Natural Prod. Test:	bbls.oil,	bbls water	in hrs	Chol
			Test After Acid or Frac	*			
М	N O	P	load oil used): 60	bbls.oil, No	bbls water in	24 hrs.	Choke 5
		1 1	GAS WELL TEST -				
109/	VAN 8. 661	0/:		A second /w			
-		enting Recor					
Size	Feet	Sax	me area of restring (pres				
			Test After Acid or Frac				
8=5/8" 350 200		Choke SizeMet	hod of Testing:				
	_		Acid or Fracture Treatm	ent (Give amounts of	materials used,	such as acid.	water, oil, an
4-1/2"	409 8	200	sand): 1000 gal. r	eq., 5%acld:	42.000 dals.	.~o i!	0.000# sd.
2" 40001		1	Casing Tubing Press. Packer Press.	360 Date first	new tanks July	16, 1959	
		<u> </u>	Cil Transporter		1 11	·.L	
			Gas Transporter				· · · · · · · · · · · · · · · · · · ·
emarks:	· · · · · · · · · · · · · · · · · · ·			GOF:	1000-1		
			\mathcal{A}	11211			
I hereb	v certify th	at the info	rmation given above is ti	ue and complete to	the best of my ki	nowledge.	
			, 19	Az	tec Oll & Ga	s Company	/
			, 	njejen	(Company or	Operator)	
OII	L CONSEI	RVATION	COMMISSION				
15			and the second		(Signat	ture)	
r: L		<u> </u>		Title	Istrict Supe	ar întend o i	nt
tle				Send	Communication	s regarding v	veil to:
	•••••••••••	***************************************	······································	Name∆Z	tec Oil a Ga	ျာရေရသင္ေပါ့ နဲ့ေ	y
				31.4	imes 847 Hobbs	. N 7	