## (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.

	July 14, 1959							)	
WE ARE I	HEREBY R	EQUESTI	NG AN ALLOWABLE F	/ Diag	- 1			(Date)	
(Co	ompany or Op Sec	crator)	(Leas., T. 17-S., R. 3	(e)		,	,	•	
	se indicate l		County. Date Spudded	6-12-59	DateTotal Depth	Drilling Co	mpleted .	6-28-59 4 <b>6</b> 93	
		ocauon:	Top Oil/Gas Pay 41						
D	C B	A	PRODUCING INTERVAL -						
E	F G	H	Perforations 4129-35 Open Hole	, 4143-45,	4205-40, Depth Casing Shoe	4260-64 4727	4267-72 Depth Tubing	, 4429-33 4280	
L	K J	I	OIL WELL TEST -					Choke	
			Natural Prod. Test: Test After Acid or Fract		•			<del>-</del>	
M	N O	PX	load oil used): 64			water in 24	hrs,	Choke	
			GAS WELL TEST -				-		
Tubing Car	sing and Ceme	enting Recor	Natural Prod. Test:  Method of Testing (pitor			-			
Size			Test After Acid or Fract						
8 5/8	310	250	Choke Size Meth				<u>:</u>		
5 1/2	4727	300	Acid or Fracture Treatme						
2	4280		sand): 2000 acid. Casing Tubing Press. packer Press.	Date	first new	-			
-			Oil Transporter Tex	as-New Mex	ico Pipe	Line Co.	1/2		
Remarks:			Gas Transporter			Specific Control	A.S.		
• • • • • • • • • • • • • • • • • • • •		••••••	Q. 1.		1	••••••			
I herel	by certify th	at the info	rmation given above is tr	ue and comple	ete to the bes	t of my know	wledge.		
	Ju		, 19 <b>59</b> .		NTIAGO OI		OMPANY		
Ol	IL CONSE	VATION	COMMISSION	Ву:	lelmo	(Signatur	scusse	<u></u>	
sy:			Mel	. Title	Production Send Comm			ll to:	
Γitle	•••••••			Nama i	Santiago (				
				Address.	POBox	1205,Mi	eland, To	exas	