NEV ZEXICO OIL CONSERVATION COM. SION Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLE HOBBS OFFICE OCC

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.

					(Place)
					FOR A WELL KNOWN AS:
		y or Oper		A-G-TATLIC. (L	Well No. 2
		, Sec.		, T. 🕅, R.	NMPM., BALICHAR
Unit	Lotter				ed. VelOelOG Date Drilling Completed VelOelOG
Please indicate location:				Elevation Elevation	, Total Depth PBID
D	C	В		Top Oil/Gas Pay	Name of Prod. Form.
	.			PRODUCING INTERVAL -	
E	F	G	H		Depth Depth Depth
	-			Open Hole	Casing Shoe Casing Shoe Tubing
	K	J	I	OIL WELL TEST -	Cho
			. –		bbls.oil, bbls water in hrs, min. Size
м –	N	0	P		cacture Treatment (after recovery of volume of oil equal to volume Choke bbls.oil, 20 bbls water in hrs, min. Size
					bbls.oil, bbls water in hrs, min. Size
		<u> </u>		GAS WELL TEST -	
<u></u>	<u> </u>			_	MCF/Day; Hours flowedChoke Size
ding ; Size		und Gemer Feet	iting Reco Sax	2 1	itot, back pressure, etc.):
					racture Treatment:MCF/Day; Hours flowed
					Method of Testing:
-				Acid or Fracture Trea	tment (Give amounts of materials used, such as acid, water, oil, as
_				sand):	Date first new
ι V					Date first new oil run to tanks
					THEAS & NON DECISE PIPELINE COMPARY
		ł		Gas Transporter	LLEPPE PHE. WILL COMMET TO THIS GAR
narks		••••••		·····	
••••••		••••••	•••••	•••••••••••••••••••••••••••••••••••••••	
Th	ereby ce	rtify tha	it the info	ormation given above is	s true and complete to the best of my knowledge.
				, 19	
	-			7	(Company or Operator)
	OIL C	ONSER	VATION	COMMISSION	By: Compared and Compared By: (Signature)
	C_{i}	1.	//		Title
					Send Communications regarding well to:
le					Name

New Well Recompletion