NEW EXICO OIL CONSERVATION COMM SION 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 Ofl 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 duping 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) (Date)
			_	ING AN ALLOWABLE FOR A WELL KNOWN AS:
(Company of Operator)				State 170 , Well No. 5 , in 51
I				, T178, R338, NMPM.,
Unit	Later			
		dicate lo		Elevation 1 200 G T Total Depth 1 1724 PBTD
		T =	T 4	Top Oil/Gas Pay Name of Prod. Form.
D	C	В	A	PRODUCING INTERVAL -
		<u> </u>		Perforations 1, 184-94, 4, 211-26, 1, 266-86, 1, 290-1, 310, 1, 320-53
E	F	G	H	Open Hole Casing Shoe 1 172 G Tubing 127 671
				OIL WELL TEST -
r	K	J	I	Choke Natural Prod. Test:bbls.oil,bbls water inhrs,min. Size_
				Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of
М	N	0	P	Choke load oil used):bbls.oil,bbls water inhrs,min. Size
		<u> </u>		GAS WELL TEST -
				Natural Prod. Test: MCF/Day; Hours flowed Choke Size
bing,	Casing	and Cemer	nting Reco	· · · · · · · · · · · · · · · · · · ·
Size		Feet	Sax	Test After Acid or Fracture Treatment: MCF/Day; Hours flowed
	Ma	-		Choke SizeMethod of Testing:
D=5/		321	250	and the second s
<u>5-1/</u>	5 1	, k72	150	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and
		1		Sand): Li 600 mis all mains / Life of Casing Tubing Date instance
	2 ky	292-69	 	Press. Press. 1808 oil run to tanks 9-10-53
				Oil Transporter Tomas New Mentes Pipeline Co.
maeka				Gas Transporter Rose
THAI M	• • • • • • • • • • • • • • • • • • • •		*******	
		************	•	
I he	ereby ce	ertify tha	t the info	ormation given above is true and complete to the best of my knowledge.
	-	=		
				(Company or Operator)
	OIL C	ONSER	VATION	COMMISSION By: John G. McMilliangsture) d.
	ر ک	A.	A	Title Send Communications regarding well to:
le	••••••••••	••••••••	•••••••	Name
				Address 209 No. Nig. Spring, Midle nd. Tonno