DISTRIBUTION SANTA FE FILE U.S.G.S. L'AND OFFICE TRANSPORTER GAS PRORATION OFFICE

MEW MEATON OIL CONSERVATION COMMISSION Santa Fe. New Mexico

(Form C-10) Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWAPLE

New Well Recompletes

This form strain 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 able will be assigned effective 7:00 A.M. on date of completion or recompletion 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) (Place) (Oate) (Oate)
-		S & Boo	Section 1	, Well No,
		ndicate loc		Elevation Top Oil/Gas Pay Name of Prod. Form.
D	C	В	A	PRODUCING INTERVAL -
E	F	G	H	Perforations Depth Depth Open Hole Casing Shoe Tubing
L	К	J	Ţ	OIL WELL TEST — Cho Natural Prod. Test: bbls.oil, bbls water in hrs, min. Siz Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume Choke
М	N	0	P	Test After Acid or Fracture Treatment (after recovery of total Choke load oil used):
	,Casin	g and Geme Feet	SAX	Method of Testing (pitot, back pressure, etc.): Test After Acid or Fracture Treatment: Choke Size Method of Testing:
7-6 b-2 8-3	A	3015 3015 318	250 250	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, sand): Sand): Casing Press. Oil Transporter Cil Transporter
Remar	rks:			Gas Transporter
	hereby		hat the in	nformation given above is true and complete to the best of my knowledge.
••		pres.	RVATIC	ON COMMISSION By: Signature)
Ву:-∴		1/10		Title Send Communications regarding well to:
Title.				Name