## (Form C-104) Revised 7/1/57

## REQUEST FOR (OIL) - ALLOWABLE

New Well

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.

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VE ARE	HEREBY I	REOUESTI	ING AN ALLO	OWABLE FO	(Place) OR A WELL KN	OWN A	١ς.		(Date)	
					Well No			NE .	. <b>111</b> .	
( )	ompany or O	perator)		(Lease)						
C	Sc	c <b>29</b>	, T <b>178</b>	, R <b>328</b>	, NMPM., . <b>M</b>	eljame	r Paddos	k	Poc	
	I.ee		County. Da	ite Spudded		Data	Drilling Co	mpleted	9-3-60	
	se indicate				. Total					
DI		<del></del>			Name <					
	C B	A	PRODUCING IN	TERVAL -						
<del></del>	X		Perforations	5334-44						
E	F G	H			Depth Casino	a Shoe	5347	Depth Tubing	5290	
			OIL WELL TES		•					
L	K J	I	<del></del>	-	bble sil				Choke	
					bbls.oil, e Treatment (after				_	
M	N O	P							Chales	
					bls.oil,	DDIS Wa	ter in _21	hrs,	min. Size 12/	
			GAS WELL TES	-						
• •		na.			MCF/Da				Si ze	
ubing ,Gai Sire	sing and Gem Feet	enting Recor			back pressure, etc				<del></del>	
	1	I	Test After A	cid or Fractur	e Treatment:		MCF/	Day; Hours	lowed	
8 5/8	225	150	Choke Size_	Method	of Testing:			-i	<del> </del>	
5 1/2	5370	650	Acid or Fract	ture Treatment	(Give amounts of	material	s used, suc	h as acid, w	ater, oil, and	
742	7570		sand): 9200	sals, ere	de. 5800# sax	d. 12	5# Adems	te	·	
2 3/8	5312	-	Casing	Tubing	Date first oil run to	new				
			1		nental Pipe J					
	<u> </u>		L		mental Oil G				<del></del>	
marks:										
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DIOCC-4	File									
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