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## NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

## REQUEST FOR (OIL) - (GAS) ALLOWAPLE

New Well Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Gil 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.

	:				MAT JAMAD		4-20-1968		
					(Place)			(Date)	
E ARE F		•			OR A WELL KN				
·····	mpany or Ope	TIGHOLE.	A.G. TAIL	(Lease	, Well No	<b></b> , in.	. <b>31</b>	<b>SW</b>	
*	mpany or Ope	11	T 17		, , NMPM.,	MALJAWAR		D,	
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Please indicate location:				-	Total				
D	CB	A	Top Oil/Gas	; Pay <b>3904</b>	Name o	of Prod. Form.	PATRIC		
			PRODUCING I	MTERVAL -	. garage				
<u></u>	<b>-</b>	<b>+</b> ++			2015-10-4053		L		
E	F G	H	Open Hole_	يه يوده الدراء النهو المها	Depth Casin	g Shoe <b>4110</b>	Depth Tubing	4062	
			OIL WELL TE	ST -					
L	K J	I		<del></del>	• bbls.oil,	bbls water in	n hrs.	Chol	
					re Treatment (afte:				
M	N O	P			bbls.oil,		•	Choke	
2					bbis, oii,	DDIS Water In	111.5,	min. 3126	
			GAS WELL TE	<del></del>					
	FOOTAGE)		Natural Pro	od. Test:	MCF/D	ay; Hours flowed _	Choke S	Size	
	ing and Come	_	rd Method of T	<pre>[esting (pitot,</pre>	back pressure, etc	c.):	<del> </del>	· <del></del>	
Size	Feet	Sax	Test After	Acid or Fracti	re Treatment:	MC	F/Day; Hours	lowed	
8 <b>5/</b> 8	522	225	Choke Size_	Me tho	od cf Testing:	<del></del>	<del> </del>	·	
			As d on Fra	cture Treatmen	t (Give amounts of	materials used. su	uch as acid, w	ater, oil, an	
173	4330	350	sand):	DE PIP-CIL	<b>THE 10000</b>	Las. sam			
2 3/2	4062		Casing	Tubing-	Date first	new			
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			Oil Transpo	orter Table	THE PERSON	PAPE LUBE V			
	<u> </u>		→ Gas Transpo	orter					
marks:		**********				•••••		*****************	
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		••••••			****************************			****************	
I here	by certify th	at the inf	ormation giver	n above is tru	e and complete to	the best of my kn	owledge.		
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0	il consei	RVATION	COMMISSI	ON	By: <b>G. L. H</b>	(Signate	re)		
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tle					Name Line				
*					MALI	MAR. THE	EI GO		

April 20, 1963 Lea County, New York co My Comment expires 12-10-66

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