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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 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. Can must be reported on 15.025 psia at 60° Fahrenheit.

				(Place)  (Place)  (Place)  (Date)
im ikus	a ee	19,10	r kurasi	MA CHARLES MANA, Well No. , in
( )	Compan	iy or Op	crator)	(Lease) , T., R., NMPM., T., Pool
•				
Åffa.				County Date Spudded Date Drilling Completed 2/20/52
Pl	Please indicate location:			Top Oil/Gas Pay Name of Prod. Form.
D	C	В	A	PRODUCING INTERVAL -
E		G	H	Perforations Depth Depth
-	•		"	Depth Depth Open Hole Casing Shoe 法的基本 Tubing 第77章
L	K	J	I	OIL WELL TEST -  Choke  Natural Prod. Test:bbls.oil,bbls water inhrs,min. Size
M	N	0	P	Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used):
5(0 ) T	2. 3.5	ीक शु	<u></u>	GAS WELL TEST -
	(FOOT	AGE)	nting Peace	Natural Prod. Test: MCF/Day; Hours flowed Choke Size
Size		Feet	nting Recor	Method of Testing (pitot, back pressure, etc.):  Test After Acid or Fracture Treatment:  MCF/Day; Hours flowed
<u> 10 gá</u>			13.73	Chake Size Method of Testing:
144		Angley Let Alle	No. of the second	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand):
		[g:].' .* (	ig 13	Casing Tubing Date first new Press. Press. On oil run to tanks
1,2		198		Oil Transporter Control Contro
<u></u>			<u> </u>	Gas Transporter
lemarks:	•••••		•••••••••••••••••••••••••••••••••••••••	
· · · · · · · · · · · · · · · · · · ·				
				rmation given above is true and complete to the best of my knowledge.  , 19 (Company or Operator)
9	ONL/CO	ONSER	VATION	COMMISSION By: (Signature)
y fl	4		••••	Title
Title			••••	Send Communications regarding well to:  Name 100 100 100 100 100 100 100 100 100 10
				Address See 213 States Comp