## NUMBER OF COP. .S RECEIVED DISTRIBUTION SANTA FF FILE U.S.G.S. LAND OFFICE TRANSPORTER GAS PRORATION OFFICE OFFIATOR

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

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

## REQUEST FOR (OIL) - ALLOWAPLE

New Well Recompletion

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

				<b>Mea</b>	(Place)	•
WE AR	RE HER	EBY RE	EQUEST	NG AN ALLOWABLE FOR A	(	(Date)
Petry La Rest				250to 1529	, Well No	in. # 1/4 # 1/
Und	n Letter	, Sec		, T. 10-10, R. 10-10, N	IMPM.,	Pool
	<b>)</b>	•••••		County. Date Spudded	Date Drilling	Completed
Please indicate location:			cation:	Elevation Real Property	Total Depth	PBTD
D	C	В	A	PRODUCING INTERVAL -	Name of Prod. Form.	-Queen Femi
				Perforations 5500 to 1	.#4e1	
E	F	G	H	Open Hole		Depth Tubing
				OIL WELL TEST -	and	- lubing
L	K	J	I	Natural Prod. Test:bbl	s.oil, bbls water	Choke
				Test After Acid or Fracture Trea		
М	N	0	P	load oil used):bbls.oi		
		<u> </u>		GAS WELL TEST -		
	( F00T/	1071		Natural Prod. Test:	MCF/Day: Hours flowed	Choke Size
tubing ,			ting Recor	<b>d</b> Method of Testing (pitot, back pr		
Size		Fret	Sax	Test After Acid or Fracture Treat		
8-5/	8-5/8 100		380	Choke SizeMethod of Tes		
5-4/	<b>*</b>	4.4	345	Acid or Fracture Treatment (Give sand):	amounts of materials used,	such as acid, water, oil, and
2-3/				Casing Tubing Press. Press.		ner 10. 20fe
				Oil Transporter		
ļ				Gas Transporter		
Remarks	:	••••••			······································	
• • • • • • • • • • • • • • • • • • • •	••••••	•••••••	•••••••		2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	5/1
······	•••••	•••••••		•••••••••••••••••••••••••••••••••••••••	······································	••••••
				mation given above is true and co		nowledge.
Approve	d	·······		, 19	(Company or	Operator)
	OH. CO	NSERI	ATION	COMMISSION By:	Com Bi	<b>*</b>
				Dy:	(Signate	ure)
By:				Title	Applet Mr Ofe H	<b></b>
Title	- ·	//			Send Communications	regarding well to:
				11041		