Santa Fe, New Mexico

REQUEST FOR (OIL) - (CAS) ALLOWABLE

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

					•••	(Place)			ain ct	(Date)	
Comt.	noné	ຂິ 01°	Compe	ng an allo State	e H-35	Well No)	in. N	N 4	ME 1/4,	
23	(Comp	any or Up	racor) []	т 770	348	NMPM	Abc			Pool	
Unit	Letter	, Sec.	***************************************	, 4	., 1	in it was			e	9 69	
	Le			County. Dat	g Spydded. 📶	- (3 m-(3 %)	Date	Drilling Com	ipleted 💆	3-03	
F	Please indicate location:			County. Dat	Pay 9114	Tot.	al Depth e of Prod.	12.4.1.1 Form. A	PBTD <u>1</u>	0,541	
D	C	B X	A	PRODUCING INT	TERVAL -					i and the	
E	F	G.	H	Perforations_ Open Hole	9154-70,	Dep Cas	th ing Shoe	12,413	Depth Tubing	3859/0	
L	K	J	I	OIL WELL TEST	<u>-</u>	<u> </u>	U KU	n. p.as	9520	Choke	
1	N	0	P	Test After A	cid or Fracture	Treatment (af	ter recov	ery of volume	of oil equa	Lhoke	
М	N			load oil used GAS WELL TES		ols,oil,	bbls v	water in <u>24</u>	hrs,	min. Size Pmp	
		<u>i-</u>	K' FE	Natural Prod						ize	
Lubing	,Casin	g and Cem	enting Reco		sting (pitot, b						
Siz	٠,	Feet	Sax	Test After A	cid or Fracture	Treatment:		MCF/	Day; Hours f	lowed	
13	3/8	353	375		Method						
9	5/8	4975	300	Acid or Fract	ture Treatment	(Give amounts	of materia	als used, such	n as acid, w और acid	ater, oil, and	
7	.7	2:1.3	1.75C	Casing Press. Pur	Tubing Press P	Date fir Nata fir Date Date Date Date Date Date Date Date	st new to tanks	Ju 26: 13	. 1963		
	-	9100		Oil Transpor	ter Permia	n Corpore	tion,	Milliand	, Taxas	<u> </u>	
2	3/8	2100			ter Venter						
Remarl	ks:	#Metr	ested /	bo perfs.	w/20,000	gals Ac	idamu	g. ₄			
7,		· 7		111111		911				500 v	
				ormation given		and complete	to the be	st of my know ONI COMP	wledge.		
Approv	red				, 19			Sompany or O	perator)		
	OIL CONSERVATION COMMISSION						By: (Signature)				
Ву:	///	///				Title Se	ond Com	t. Super	Intende	ell to:	
Title	<i>[</i>				·····			ntal Oil			
iocc (5) s	SLA AB	S FILE			1441116		, Hobbs,			

M