Santa Fe, New Mexico

## REQUEST FOR (OIL) - (GAS) 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 Mfilled 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.

E ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:    Company or Operators   County Date Spudded   Date Drilling Complated   Depth   Pero   Pe				·		Mobbs, 1	low Heat	to May	oh 22,	
County Date Spudies  Please indicate location:  D C B A Perforations  E F G R Open Hole Perforations  D Name of Prod. Form.  Perforations  D Name of Prod. Form.  Perforations  D O B A Open Hole Perforations  D O B A Open Hole Perforations  Top 011/Gas Pay Name of Prod. Form.  Perforations  D O B A Open Hole Perforations  T test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke Size on the Method of Testing (pitot, back pressure, etc.):  D O B A Open Hole Perforations  D O B O B O B Open Hole Perforations  D O B O B O B Open Hole Perforations  D O B Open Hole Pe	E ARE	HEREBY	REQUEST	ING AN ALLO	WABLE FOR	A WELL KI	NOWN AS:		,	•
County. Date Spudder  Please indicate location:  D C B A  PRODUCIN INTERVAL  Perforations  Open Hole  OIL WELL TEST  Natural Prod. Test:  Diad oil used):  Diad oil used):  Diad oil used):  Sire Pret  Sax  Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of oil used):  Diad oil used):  D C S WELL TEST  Natural Prod. Test:  NATURAL Test  NATURAL Test  NATURAL Test  Choke Size  Natural Prod. Test:  NATURAL Test  NATURAL Test  NATURAL Test  Choke Size  Natural Prod. Test:  NATURAL Test  NATURAL Test  Test After Acid or Fracture Treatment:  NATE/Day; Hours flowed  Choke Size  Natural Prod. Testing:  Acid or Fracture Treatment:  Choke Size  Natural Prod. Testing:  Acid or Fracture Treatment:  OIL Transporter  Gas Transporter  Gas Transporter  Gas Transporter  OIL CONSERVATION COMMISSION  Send Communications regarding well to:  Name	1	Company of	Onerator)		(Ieeee)					<i>'</i> /
Please indicate location:  D C B A  Producting Interval  Perforations  Open Hole  Open Hole  Other Lest Action Fracture Treatment (after recovery of volume of oil equal to volume of size  Natural Prod. Test;  Natural Pr		(	Sec. 16	T. 208	, R 338	, NMPM.,	Test :	teas - Tat	48	Po
Please indicate location:  Top Oil/Cas Pay Name of Prod. Form.  Top Oil/Cas Pay Depth Perforations Open Hole Casing Shoe Depth Tuking Oil Well TEST Natural Prod. Test: bbls.oil, bbls water in hrs, min. Size Choke Oil Oil Oil Well TEST  Natural Prod. Test: bbls.oil, bbls water in hrs, min. Size Choke Oil	Lo	Frun.		County Dat	s Souddad	-26-60	Date Dwil	lling Completed	3-11	-60
Top Oil/Ges Pay Name of Prod. Form.    PRODUCIN INTERVAL -   Perforations   Depth   Depth   Tubing   Depth   Tubing   Depth   Tubing   Depth	PI.			Elevation	3744	Tota	l Depth	PBT		\$
BE F G H  Open Hole  O	- <del></del>			Top Oil/Gas F	<sub>'ay</sub> 2950	Name	of Prod. For			
Perforations Open Hole Ope	ויי	0		ŀ						
Open Hole  OIL WELL TEST  Natural Prod. Test: 3 bbls.oil, bbls water in hrs, min. Size  Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of oil and oil used): bbls.oil, bbls water in hrs, min. Size  ORS WELL TEST  Natural Prod. Test: MCF/Day; Hours flowed Choke Size  Method of Testing (pitot, back pressure, etc.):  Test After Acid or Fracture Treatment: MCF/Day; Hours flowed  Choke Size  Method of Testing: MCF/Day; Hours flowed  Choke Size  MCF/Day; Hours flowed	- I							····		
Natural Prod. Test: 3 bbls.oil, bbls water in hrs, min. Size  Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of choke load oil used): bbls.oil, bbls water in hrs, min. Size  GAS WELL TEST -  Natural Prod. Test: MCF/Day; Hours flowed Choke Size  Method of Testing (pitot, back pressure, etc.):  Test After Acid or Fracture Treatment: MCF/Day; Hours flowed  Choke Size Method of Testing:  Acid or Fracture Treatment: MCF/Day; Hours flowed  Choke Size Method of Testing:  Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, an sand):  Casing Tubing Date first new press. Oil Transporter  Gas Transporter  Gas Transporter  Gas Transporter  Thereby certify that the information given above is true and complete to the best of my knowledge.  Signature)  Company Operator)  OIL CONSERVATION COMMISSION  Signature  Title Send Communications regarding well to:  Name Send Communications regarding well to:		F	G H	Open Hole	950-32741	Depti Casi	n ng Shoe	Depth Tubing	3233	<del></del>
Natural Prod. Test:    Description   Descrip	<u> </u>	70	_							
Choke min. Size   Content   Choke min. Size   Choke min. Size	-	<i>K</i>	J	Natural Prod.	Test: <b>39</b>	bbls.oil,	bbls wa	ater inhrs	, <u> </u>	Choke Size
Cas well TEST -   Natural Prod. Test:   MCF/Day; Hours flowed   Choke Size   Method of Testing (pitot, back pressure, etc.):   Test After Acid or Fracture Treatment:   MCF/Day; Hours flowed   Choke Size   Method of Testing:   MCF/Day; Hours flowed   Choke Size   MCF/Day; Hours flowed   MCF/Day; Hours flowed   MCF/Day; Hours flowed   Choke Size   MCF/Day; Hours flowed   Choke Size   MCF/Day; Hours flowed   MCF/Day; Ho	<del>,,</del>			Test After Ac	id or Fracture	Treatment (afte	er recovery o	f volume of oil e	qual to vol	lume o
Natural Prod. Test: MCF/Day; Hours flowed	M	N	0   P	load oil used	i):bb	ls,oil,	bbls water	inhrs,	min. Siz	:e
Sire Feet Sax  Test After Acid or Fracture Treatment:  MCF/Day; Hours flowed  Choke Size Method of Testing:  Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand):  Casing Press.  Press.  Oil Transporter  Gas Transporter  Gas Transporter  Thereby certify that the information given above is true and complete to the best of my knowledge.  Company or Operator)  OIL CONSERVATION COMMISSION  OIL CONSERVATION COMMISSION  Send Communications regarding well to:  Name.  Name.				GAS WELL TEST	•					
Test After Acid or Fracture Treatment: MCF/Day; Hours flowed  Choke Size Method of Testing:  Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand):  Casing Press. Press. oil run to tanks  Oil Transporter  Gas Transporter  Gas Transporter  Thereby certify that the information given above is true and complete to the best of my knowledge.  Single	17 rel	3 & 1 <sub>7</sub>	0.1/2	Natural Prod.	Test:	MCF/1	Day; Hours flo	owedChok	e Size	
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Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand):  Casing Tubing Date first new oil run to tanks  Cil Transporter  Gas Transporter  Gas Transporter  Thereby certify that the information given above is true and complete to the best of my knowledge.  I hereby certify that the information given above is true and complete to the best of my knowledge.  Company of Operator)  OIL CONSERVATION COMMISSION  By Company of Operator)  Title  Send Communications regarding well to:  Name.	Size	Feet	Sax	Test After Ac	id or Fracture	Treatment:	"	MCF/Day; Hour	s flowed	
Sand):  Casing Press. Press. oil run to tanks  Oil Transporter  Gas Transporter  Gas Transporter  Thereby certify that the information given above is true and complete to the best of my knowledge.  Simple of the company of perator)  OIL CONSERVATION COMMISSION  OIL CONSERVATION COMMISSION  Signature)  Title  Send Communications regarding well to:  Name.	9-5/	8 130	924	Choke Size	Method	of Testing:		<del></del>		
Sand):  Casing Press. Press. oil run to tanks  Oil Transporter  Gas Transporter  Gas Transporter  Thereby certify that the information given above is true and complete to the best of my knowledge.  Simplify of the case Company of Operator)  OIL CONSERVATION COMMISSION  OIL CONSERVATION COMMISSION  Singular of Company of Operator)  Singular of Company of Operator)  Title  Send Communications regarding well to:  Name.	9	900	AAR	Acid or Fract	ure Treatment (	Give amounts of	materials us	sed, such as acid	, water, oi	l, and
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I hereby certify that the information given above is true and complete to the best of my knowledge.  Simple: Oil Conservation Commission  Oil Conservation Commission  France: Send Communications regarding well to:  Name.	2	3233	20E	Casing 🕝	lubing	Date first	new tanks	reh 14, 19	60	
I hereby certify that the information given above is true and complete to the best of my knowledge.  Sinciple 61 & Gas Company of Operator)  OIL CONSERVATION COMMISSION  OIL CONSERVATION COMMISSION  Signature  Title  Send Communications regarding well to:  Name				Gil Transport	er Castru	Petrole	m Ganya	7		
I hereby certify that the information given above is true and complete to the best of my knowledge.  OPPROVED  OPPRO				1		Gas Ma				
OIL CONSERVATION COMMISSION  OIL CONSERVATION COMMISSION  By:  Company of Operator)  (Signature)  Title  Send Communications regarding well to:  Name	emarks:	• • • • • • • • • • • • • • • • • • • •		**********						
OIL CONSERVATION COMMISSION  By:  (Signature)  Title  Send Communications regarding well to:  Name							***************************************			
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OIL CONSERVATION COMMISSION  (Signature)  Title  Send Communications regarding well to:  Name	pproved	1	MAR 2		, 19	<b>***</b>	(Compa	ny or Operator		
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Send Communications regarding well to:  Name	(	OIL CONS	SERVATION	COMMISSIO	N	By:	(\$	Signature)		
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