REQUEST FOR (OIL) - (GAS) ALLOWABLE

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

			NG AN ALLOWABLE Les State BO	, Well N		, in	.1/4
(Company or Operator)		(Lea	use)				
D Lette	, Sec.	33	., T 19-8 , R 35	R, NMPM.,	***************************************	Underignated	lPo
			County. Date Spudded	9-20-58	Date D	rilling Completed	10-20-58
Please indicate location:		Elevation <u>3730 G</u>	To:	tal Depth	1970° PBTD	<u> 4954'</u>	
D C	В	A	Top Oil/Gam Pay 17	73 t Nar	me of Prod. F	orm. On com	
•		•	PRODUCING INTERVAL -				
E F		77	Perforations 1:773-1:785: 8 1:920-1:926: Depth Depth Depth				
5 1	' G	H	Open Hole	Ca:	sing Shoe	Tubing	
			OIL WELL TEST -				
L K	J	I	Natural Prod. Test:	bbls.oil,	bbls	water inhrs	Cho min. Siz
			Test After Acid or Fra	cture Treatment (a	fter recovery	of volume of oil e	equal to volume
N	0	P	load oil used): 62	bbls.oil,	0 bbls wat	er in <u>5</u> hrs, _	min. Size 20
	ļ		GAS WELL TEST -				
			. Natural Prod. Test:	MC	F/Day; Hours	flowed Chok	ce Size
ing Casi		nting Recor					
Size	Feet	Sax	Test After Acid or Fra				
10-		500	Choke SizeMe				
8-5/8*	3331	300					
b-1/2"	49561	1800	Acid or Fracture Treatm				
	Lorge		sand): 30.000 gal Casing Tubing Press. Press.	Date fir	rst new	es, leigh sand	/ gal •1/40/P κα per
2-3/8"	4915	-				-	
			Gil Transporter	rermian of	CO.		
		L	Gas Transporter				
					-4	<i></i>	
narks:		• • • • • • • • • • • • • • • • • • • •	9	Dart .	1111	v 641	
narks:			<u> </u>	2011	Tall.	v 511	
I hereby	certify th	at the info	ormation given above is	true and complete	to the best	of my knowledge.	······································
I hereby	certify th	at the info		true and complete	to the best o		······································
I hereby	certify th	at the info	ormation given above is	true and complete	to the best of the control of the best of	of my knowledge. L1 Corporation npany or Operator)	1
I hereby	certify th	at the info	ormation given above is	true and complete	to the best of the control of the best of	of my knowledge.	1
I hereby	certify th	at the info	ormation given above is	By:	to the best of Correction (Correction)	of my knowledge. L1. Corporation npany or Operator) (Signature) rea. Production	L
I hereby	certify th	at the info	ormation given above is	By:	to the best of Confusion (Confusion Asst. A	of my knowledge. L1 Corporation npany or Operator) (Signature) rea. Production nications regarding	Supt well to:
I hereby	certify th	at the info	ormation given above is	By:	to the best of Confusion (Confusion Asst. A	of my knowledge. L1. Corporation npany or Operator) (Signature) rea. Production	Supt well to: