NEW ICO OIL CONSERVATION COMMIS
Santa Fe, New Mexico

RECEIVED

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE DEC 2 ?

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

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					(Place)			(Date)		
ARE H	EREBY F	REQUESTI	NG AN ALLO	WABLE FO	OR A WELL K	NOWN .	AS:	-		
	n derrost	Gers Cond	pamy Feda		, Well No	o 1	, in.	IW	/4 NB	1/4
B (Con	ipany or O	perator) Q	T 20-S	(Lease)	Da.	A Custom			
Unit Lett	Sec		, 1	., R.	, NMPM., .		* 41323	•••••••••	••••••	Poo
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	. [PRODUCING INT	ERVAL -						
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	İ							- ruoxing		
L R	J	I	OIL WELL TEST	•						Choke
		-	Natural Prod.	Test:	bbls.oil,	b b	ls water in	hrs	,min.	Size_
			Test After Ac	id or Fractu	re Treatment (af	ter recove	ry of volum	e of oil e	qual to volu	me of
MN	0	P	load oil used): 114	bbls.oil,	bbls w	ater in	hrs.	Chok	• 1 9
- 1										
			GAS WELL TEST	: -		,				
		·	- Natural Prod.	Test:	MCF/	/Day; Hour	s flowed •	• Chok	e Size 🕶	
Size	Feet	Sax Comment t	Test After Ac	id or Fractu	back pressure, e	•	MCF,	/Day; Hour		·
-5/8*	362'	TOJ .	Choke Size	Method	d of Testing:	·		. i		
-1/2"	50101	400	Acid or Fracti	ure Treatment	(Give amounts o	f material	s used, suc	h as acid	, water, oil,	, and
			sand):	Tubing	Date firs	t new		ME GOOD	WETTING II	
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		••••••	•••••				*********	*************	••••••	•••••
I hereby	certify th	at the info	rmation given a	bove is true	and complete t	o the best	of my kno	wledge.		
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OIL	CONSEI	RVATION	COMMISSION	٧.	By:L.S	MUEND	INK	•••••		·
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