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

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

## REQUEST FOR (OIL) - (GAS) ALLOWAPLE

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

ea int	o the sto	CK tanks	, Van musi	be reported on 15.025 pma	lobbs, A. M.	
					(Place)	(Date)
E AR	E HERI	EBY RE	QUESTIN	NG AN ALLOWABLE FO	R A WELL KNOWN AS:	- 1872 1/ 17° 1/
ıther	n Inic	n Prod y or Oper	uetion ator)	Compay - Lear Delicard (Lear)	lisa, Well No4, ir	1
				, T20-8, R25-13	, NMPM., PAR	Pool
UmM	Letter					
				Elevation 3675 2 11	7-22-61 Date Drilling	PBTD ACCO
P	lease inc	dicate lo	cation:		Name of Prod. Form.	
D	C	В	A	PRODUCING INTERVAL -	-	£00011
	С				water a water a way	
E	F	G	Н		o 5 5001 4 5036 to 10	Depth
					Casing Shoe 5335	rabing
L	K	J	I	OIL WELL TEST -		Choke
-		•	-		bbls.oil,bbls water	
37	- 17	0	P		re Treatment (after recovery of vol	Choke
M	N	l o		load oil used):	bbls.oil,bbls water in	hrs, min. Size
		<u></u>		GAS WELL TEST -		
	( F00T	105)		Natural Prod. Test:	MCF/Day; Hours flowed	Choke Size
ubing	,Casing	and Cemer	ting Recor	d Method of Testing (pitot,	back pressure, etc.):	
Siz	e	Feet	Sax	Test After Acid or Fractu	re Treatment:N	CF/Day; Hours flowed
	_			Choke SizeMethod cf Testing:		
<u> </u>	i/>□	701	150		t (Give amounts of materials used,	such as acid, water, oil, and
4.1	/2" 50	321	250_		t (Give amounts of materials	
23	3 <b>/</b> 6™ 45	1901			Date first new oil run to tanks	) <del>-6.</del> L
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				Gas Transporter Was	rven Petroleum Cor erati-	- 14
lemark	<b>LS</b> :	······································		Zalati C	A Company of the Comp	
				<u></u>		
	•				e and complete to the best of my k	nowledge.
		ertify tha			e and complete to the best of my k	Service and beautiful and Province
Approv	ed			, 19	(Company of	
	OU C	ONCED	VATION	COMMISSION	By: Milleranser	
	OIL C	ONSER	AVITON	O MANAGORON	(Signs	iture)
y	1		<i>)</i>		TitleProduction.Foromer. Send Communications regarding well to:	
itle			_#*		Name Southern inian	reduction Company
	~				Address.Box 146 Labba	
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