NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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 oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

				moves, new	MADOR NAME WATER		June 20, 1955	
				(Place)			(Date)	
ARE	HEREBY I	REQUESTING	G AN ALLOWABLE F	OR A WELL KN	OWN AS:			
5 66 (ALL ADM G	as company	State E-28	, Well No4, in		, in NW	NW 1/4 SW 1/4	
T.	ompany or O	perator)	(Leas	e) E	Frank			
(Uni	, Se t)	c,	1, R	, NMPM.,	District 6	·····	Poc	
Les			County. Date Spudded		Date Co	mpleted		
	ase indicate		, = ==================================		, Dute Col	npicted	••••••••••••	
T		1						
l			Elevation 3621	Total De	pth 3940	P.B	3925	
				2006			6	
			Top oil/gas pay	3886	Name of Pro	d. Form	seven kiver	
			Casing Perforations	. 3895-3915				
_			200000	, , , , , , , , , , , , , , , , , , ,		*****		
0			Depth to Casing sh	oe of Prod. String	3939		•••••	
			N. ID IT.	None				
			Natural Prod. Test. None BOPE					
			based on	bbls. Oil i	n	Hrs	Mins	
ec 28	- 206 -	36E						
			Test after acid or sl	not42			BOPE	
	and Cemen	_	Based on 42	bble Oil i	. 24	Hre	Mins	
Size	Feet	Sax						
_5/ ±	@ 335	280	Gas Well Potential	etin	••••••	·	•	
-710		-200	Cina ababa in inaba	. Dameda a				
-1/2	@ 3 939	500	Size choke in inche	2Tanitating				
			Date first oil run to	tanks or gas to Tra	nsmission syste	_{em:} June 1	\$	
			Transporter taking	Oil or Gas: Texas	- New Mex	ico fipel	ime Company	
	J							
arks:					***************************************			
					****************	•••••		
I herel	by certify th	at the informa	ation given above is tru	se and complete to	the best of my	knowledge		
	· ·		•	44				
rovea			, 19		(Company		***********************	
01	I CONSEI	OVATION CO	MMISSION	D				
O.	L CONSEI	RVATION CO	DMM1991ON		(Sig	nature)		
				Title Distri	let Superi	nt endent		
	***************************************	*****		I 112C	Communicati		well to:	
	·····		••••••			-		
				Name Astec				
				Address Box	847 Ho	bbs, New 1	fextoe	