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

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

				iob\s,	, New Mexic	o Aug	ust 25, 1957	
				(Place)			(Date)	
E ARE	HEREBY R	EQUEST	ING AN ALLOWABI	E FOR A WELL	KNOWN AS	:		
Sine]	Lair Oil	Cas Co	mpany ames	i. Williams Well	No4	inNE	W W	
(C	ompany or Op	erator)	mpany James, T	(Lease)	124.		/4/4,	
Umis I	Sec	24	, T, R	, NMPM.	,	2004.6	Pool	
Death L	Joven							
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Ple	ase indicate	location:	ElevationTop Oil/Gas Pay	35251	otal Depth	Crear		
\top	C B	A	Top Oll/Gas Pay	N:	ame of Prod. Fo:	rm.		
	x		PRODUCING INTERVAL					
╀			Perforations	761-69, 3777-85	5, 3791 -99 '			
i	F G	H	Open Hole	De C:	epth	3901: Depth	37921	
ĺ				································	asting Silve	rubing_		
\vdash	K J	I	OIL WELL TEST -				Choke	
			Natural Prod. Test:	bbls.oil,	bbls	water inhrs,	min- Siże	
			Test After Acid or	Fracture Treatment (a	after recovery	of volume of oil equ	ual to volume of	
	N O	P		bbls.oil,		•		
							MINI SIZE	
<u> </u>			GAS WELL TEST -					
		·	Natural Prod. Test:	MC	CF/Day; Hours fi	lowedChoke	Size	
,Ca	sing and Ceme	nting Reco	rd Method of Testing (pitot, back pressure,	, etc.):			
*	Feet	Sax	Test After Acid or	Fracture Treatment:		MCF/Day; Hours	flowed	
			1	 Method of Testing:				
	317	250	-					
1/	/2 3901	1 200		eatment (Gi ve amounts			water, oil, and	
≇.	7 7,04		sand): 20,000	gal refined of	11 and 20,00	Of sand.		
	3792		Casing Tub	oing 106 Pate fi	irst new n to tanks		_	
	7,74		Cil Transporter	Peras-New Mexic	e Pipe Lin	e Company		
		Į	,					
	-+		Gas Transporter				······	
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			***************************************				• • • • • • • • • • • • • • • • • • • •	
here	by certify th	at the info	ormation given above	is true and complete	e to the best of	my knowledge.		
	•		, 19.	Ci na la	ir oil & 0			
· · · · · ·			······································	<u> </u>	Comp	any or Operator)		
0	IL CONSEE	VATION	COMMISSION	By:	estro	M Sel	leis	
9	THE COMBE	AUTION	COMMISSION	27(2)	(Signature)	_	
	1			Title	est. Distri	et Supt.		
· • • • •				S	end Communic	ations regarding w	ell to:	
	······	·····			Leglie M. S			
Orig. & 300:000				Name	Name			
os:FHR.HFD.File				4.4	Hebbs, New Mexico			