

OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

REQUEST FOR (OIL)-(GAS) ALLOWABLE

It is necessary that this form be submitted by the operator before an initial allowable will be assigned to any completed oil or gas well. Form C-110 (Certificate of Compliance and Authorization to Transport Oil) will not be approved until Form C-104 is filed with the Commission. Form C-104 is to be submitted in triplicate to the office to which Form C-101 was sent. Two copies will be retained there and the other submitted to the Proration Office, Hobbs, New Mexico. The allowable will be assigned effective 7:00 a.m. on date of completion, provided completion report is filed during month of completion. 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 P.B. at 60° Fahrenheit.

Place _____ Date _____

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Company or Operator _____ Well No. _____ in _____ 1/4 _____ 1/4
Lease _____

section _____, T. _____, R. _____, N.M.P.M. _____ Pool _____ County _____

Please indicate location: Elevation _____ Spudded _____ Completed _____

Total Depth _____ P.B. _____

Top Oil/Gas Pay _____ Top Water Pay _____

Initial Production Test: Pump _____ Flow _____ (BOPD OR CU.FT. GAS PER DAY)

Based on _____ Bbls. Oil in _____ Hrs. _____ Mins.

Method of Test (Pitot, gauge, prover, meter run): _____

Size of choke in inches _____

Tubing (Size) _____ @ _____ Feet

Pressures: Tubing _____ Casing _____

Gas/Oil Ratio _____ Gravity _____

Casing Perforations: _____

Unit letter: _____

Casing & Cementing Record

Size	Feet	Sax
8" x 10"	100	10
10" x 12"	120	12
12" x 14"	140	14
14" x 16"	160	16
16" x 18"	180	18

Acid Record:

_____ Gals _____ to _____
_____ Gals _____ to _____
_____ Gals _____ to _____

Shooting Record.

_____ Qts _____ to _____
_____ Qts _____ to _____
_____ Qts _____ to _____

Show of Oil, Gas and water

S/ _____
S/ _____
S/ _____
S/ _____
S/ _____
S/ _____
S/ _____

Natural Production Test: _____ Pumping _____ Flowing _____

Test after acid or shot: _____ Pumping _____ Flowing _____

Please indicate below Formation Tops (in conformance with geographical section of state):

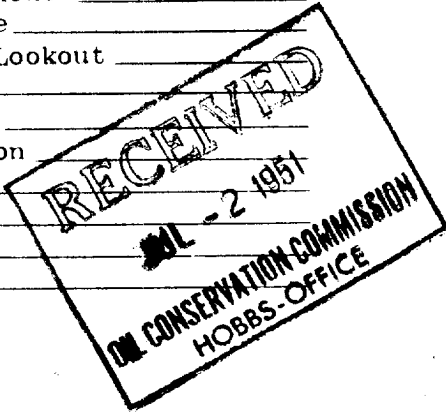
Southeastern New Mexico

Northwestern New Mexico

T. Anhy _____
T. Salt _____
B. Salt _____
T. Yates _____
T. 7 Rivers _____
T. Queen _____
T. Grayburg _____
T. San Andres _____
T. Glorieta _____
T. Drinkard _____
T. Tubbs _____
T. Abo _____
T. Penn _____
T. Miss _____

T. Devonian _____
T. Silurian _____
T. Montoya _____
T. Simpson _____
T. McKee _____
T. Ellenburger _____
T. Gr. Wash _____
T. Granite _____
T. _____
T. _____
T. _____
T. _____
T. _____
T. _____

T. Ojo Alamo _____
T. Kirtland-Fruitland _____
T. Farmington _____
T. Pictured Cliffs _____
T. Cliff House _____
T. Menefee _____
T. Point Lookout _____
T. Mancos _____
T. Dakota _____
T. Morrison _____
T. Penn _____
T. _____
T. _____
T. _____



(Please supply required information on reverse side of form)

