NI MEXICO OIL CONSERVATION COM ISSION Santa Fe, New Mexico

REQUEST FOR . (GAS) ALLOWABLE

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.

			Hebbs, New Mexico December 9, 1954 (Place) (Date)
ARE HE	EREBY R	EQUESTING	AN ALLOWABLE FOR A WELL KNOWN AS:
ble ull	. k. Kefi	ning Coupe	T. 2. Hardison B., Well No. 1., in 33 1/4 115 1/4
	pany or Ope		(Lease)
/ T T:+ \			T. 218, R. 378, NMPM., Table Pool
(•)	Lon		County. Date Completed, Date Completed
	indicate l		
ī			
			Elevation
			Top oil/gas pay
		X	Casing Perforations \$390-5345,5960-5395,6005-6050,4070-6135,
			Depth to Casing shoe of Prod. String
			Natural Prod. TestBOP
			based onbbls. Oil in Hrs Min
			Test after acid or shot
		ing Record	
Size	Feet	Sax	Based on bbls. Oil in Hrs Min
ļ			Gas Well Potential. 775 Net per day
3-3/8	369	400	
	2424	00.00	Size choke in inches
9-5/ 8	2406	21.50	Date first oil run to tanks or gas to Transmission system:
5-1/2	6571	1425	
			Transporter taking Oil or Gas: 11 Preso Heturel Gas Genpany
marks: D	mal.om	plotionsD	rinkard oil produced through taking transported by Sums-Her He
	Comments	1 Tubb me	produced through easing amulus transported by MI Pase;
e.iine.	. Printing.		4 4 5 Mar 19 Add - Administration
pelated	L. Drinka	erd and ten	maperted by Skelly Oil Company.
posisted	L. Drinka	erd and ten	nation given above is true and complete to the best of my knowledge.
I hereby	y certify th	hat the inform	nation given above is true and complete to the best of my knowledge.
I hereby	y certify th	hat the inform	nation given above is true and complete to the best of my knowledge. , 19
I hereby	y certify th	hat the inform	nation given above is true and complete to the best of my knowledge.
I hereby	y certify th	hat the inform	nation given above is true and complete to the best of my knowledge. 19
I hereby	y certify th	hat the inform	nation given above is true and complete to the best of my knowledge. 19
I hereby	y certify th	hat the inform	(Company of Operator) By: Market Superintendent (Signature)

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