NE 4 ICO OIL CONSERVATION COM 5, N Santa Fe, New Mexico

REQUEST FOR (CAS) ALLOWABLE

Neuronal 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.

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		OUFSTIN	C AN ALLOWARTE F	(Place) OR A WELL KNOWN	AS:	(Date)	
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)	, Sec	3	T. 213 R. 775	, NMPM.,		Роо	
(Unit)			County Date County	tion started	Date Completed	9- 54	
	e indicate lo				-		
				13		6580	
	x		Elevation	Total Depth	, I .D		
			Top oil/gas pay	5555	Prod. Form	aabry	
			Casing Perforation	s: 5555-5570, 5580	-5620; 5640-5680	c	
				oe of Prod. String			
				,	• •		
			Natural Prod. Test			BOPI	
			based on	bbls. Oil in	Hrs	Min	
<u></u>			Test ofter acid or s			BOPI	
Casing	and Cementi	ng Becord					
Size	Feet	Sax		bbls. Oil in			
0.0/1	210 67	250	Gas Well Potentia	1 610 Mef/de	T		
W=3/#	349.57	270	Size choke in inch	.es			
5/8	2788.36	1175		-			
5-1/2	65 69. 93	100	Date first	restler regas to Transmi	ssion system:		
			Transporter taking	Giffer Gas: Kl. Pase	Natural Gas Compa	NY	
 		 	_				
narks:				rough tabing from			
Texas	 N. P	pe Line	Company. Gas red	mond through easi	g from Rlinebry P	emation &	
			tural Gas Company			•••••	
I hereb	y certify the	at the infor	rmation given above is t	rue and complete to the b	est of my knowledge.	_	
proved	: .		, 19		Company or Operator)		
	1			127	Lifellitte		
01	IL CONSER	VATION	COMMISSION	By:	(Signature)	 محر محر	
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<u>()</u>		reune	ц	Title Send Con	munications regarding v	vell to:	
le	•	······		Name	11. A Refining Co.		
cb/mcb					Address. Box 2347, Holde, K. N.		
				Address			

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