	New Mexico
<b>REQUEST FOR (OIL)</b>	) - (GAS) ALLOWARDE
This form shall be submitted by the operator before an ini	tial allowable will be assigned wany completed Gillor Gas well.
Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form O 101 will sent. The allow- able will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed design (Allow-	
month of completion or recompletion. The completion date into the stock tanks. Gas must be reported on 15.025 psia at 60	shall be that date in the case is an off well when off is derivered
	Box 547 Hobing Hat I to 100 12/28/52 (Place) (Date)
WE ARE HEREBY REQUESTING AN ALLOWABLE FO	(Place) (Date) DR A WELL KNOWN AS: State United America America
011 Company Trickey-Stanford Unit "A", Well No. 1, in NE 1/ ME 1/.	
(Company or Operator) (Lease)	
(Unit)	· · ·
County. Date Spudded. 9/11/52. Date Completed 12/28/52 Please indicate location:	
Blanding 3679 1	
	La F.a Total Depth
Top oil/gas pay. 50	70 Prod. Form. McK.es
Casing Perforations:	90 <b>70 -</b> 9) 60or
Depth to Casing shoe	of Prod. String
Natural Prod. Test	
Casing and Commenting Record Test after acid or shot	
13-3/8* Set 8295 325 3306 <sup>1</sup> Size choke in inches.	1/4*
8-5/8" Set 03799 * 1800 9408* Date first oil run to t	
5-1/2" Sot 9399' 400	anks or gas to Transmission system:]2/28/52
Transporter taking O	il or Gas: Texas:
Remarks :	
·	
I hereby certify that the information given above is true Approved $12 - 29$ $1952$	and complete to the best of my knowledge. - Tide Kaber Accociated Cil Company
(Company or Operator)	
OIL CONSERVATION COMMISSION By S. P. Scance H.F. Shackel form	
By: Roy yarkrough	Title
Title Send Communications regarding well to:	
A A A A A A A A A A A A A A A A A A A	NameE.P. Sheckelford
	Address

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