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

REQUEST FOR (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.

	uic strek u	aliks. Var illu	st oc reported of	11 15.045 psta	Dellas,	8	8-25-56		
				•	(Place)		Č	5 (Dite)
E ARE	HEREBY	REQUESTI	NG AN ALLO	WABLE_FO	R A WELL KN	NOWN AS:			
alport	COLL Co	rporation	A. L. Chri	stmas "B"	Well No.	1, i	nNW	S E	1/4.
J (C	ompany or t	Operator) 21 ec	., T. 22-S	(Lease) , R 36-E	, NMPM.,	Jah	mat	3 1	Pool
United 1								. •	
·· ····			County. Dat	e Spydded		Date Drilling 1 Depth 3473	Completed		3
Please indicate location:			Elevation	271.0	Total	l Depth	PBT	7 123	
D	CI	ВА	Top G11/Gas F	ay	Name	of Prod. Form.	Tares &	(WIAGLE	
		~ "	PRODUCING INT	ERVAL -					
			Perforations						
E		3 H	Open Hole	31/10	Depth	ng Shoe 3140	Depth	4267	
	İ					ng Silve	Tubing		
L	K	7 1	OIL WELL TEST						Choke
		* -	Natural Prod.	Test:	bbls.oil,	bbls water	inhrs	,min.	Size
			Test After Ac	id or Fracture	e Treatment (afte	er recovery of vol	ume of oil e	qual to vol	ume of
M	N C) P	load oil used	l):bl	bls.oil,	bbls water in _	hrs,	Cho min. Siz	ke e
			GAS WELL TEST			-			
				•					
						Day; Hours flowed		e Size	
		menting Recor				Back Pr			
Size Feet Sax			1 1/17 1 1 1 4 200	_		3800 _м		s flowed	72
8 5/8 310 200		Choke Size	1 Method	of Testing:	Back Pr	essure			
- 26	031.0	100							
5 1/2	3710	700	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and 150 bbls Salt water, 10,000 gals. refined oil & 15,000#s						
		2					et med or	T & 12)	JUU# 8 3
		Staged	Press. Cut	Press 6	Date first oil run to	tanks			
			Oil Transport	er					
			Gas Transporte	El Pas	so Natural G	as Company			
marks:	Rework	ed well -	Gas Transporter	7=1=50					
	C-103	and C-122-	C previousl	y filed -	please issu	e new allowal	o l e		
	*************	*****************************	• • • • • • • • • • • • • • • • • • • •				***************************************	***************************************	
							1. 1	••••••••	·••···•
			_		and complete to	the best of my kr	iowiedge. TION		
proved	••••••	••••••	•••••	, 19		Company or			
					- 111.	Tid	l	\times	
0	IL CONSI	ERVATION	COMMISSION	N	Ву:	(Signat	ure)	x /	
_	601		/ //	- · ·	D.	resident	, v		
	n	har filled	rectification.	••••••	1 1116	Communications	regarding	well to:	
le	2	/					regarding		
*······	*************	• • • • • • • • • • • • • • • • • • • •	•••••••••••••••••••••••••••••••••••••••	***************************************	Name. W. L.	. Todd, Jr.			
					930	Fidelity Unio	on Life F	Bldg. Dai	Llas,
					Address		• • • • • • • • • • • • • • • • • • • •	m,	200 6