NEW EXICO OIL CONSERVATION COMM Santa Fe, New Mexico

REQUEST FOR (OIL) - (ALLOWABLE

New Well

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.

atine	ental 0:	il Compa	G AN ALLOWA ny Meyer	B-22	Well No	7 in	NW ./	SW .
(Cor	npany or Op	erator)		(Lease)	, Well 140	, 111		
L	, Sec	22,	T. 22 S , R	36 E	NMPM., So	outh Euni	ce	Pool
(Unit) Lea			County. Date Sp		-29-56	D	7-25-	-56
	e indicate l		County. Date Sp	Judded	 ,	Date Complete	edL=~.2	-20
		1 1		5051		2020+	7.0	n adada
			Elevation	1727.	Total Depth.	3032'		
			Top oil for	nav 370	21 Name	(Dred Fo	Lower	Seven Ri
			тор опдеда	370	2-07', 370°	9-15'. 37'	20-261.	3732-381
			Casing Perfo	rations 3.74	2-07', 3709 1-43', 3750	-61!, 379	90-3826	or
K			Depth to Ca	sing shoe of I	Prod. String			•••••
		+	Natural Proc	l. Test				BOPD
-			hased on	40 au	bbls. Oil in	;	Hrs. ==	Mins
<u>-</u>								
	•		Test after ac	id or shot	••••	•••••••••••••••••••••••••••••••••••••••	97.33	B OPD
Casing and Comenting Record Size Feet Sax			Based on	97.33	bbls. Oil in	24 I	Hrs	- Mins.
3126	1.668	321						
8 5/8	362	350	Gas Well Po	tential		***********		••
/0			Size choke is	n inches				
5 1/2	3831	900					7 25	E
	l		Date first oil	run to tanks	or gas to Transmi	ission system:	(-2)-	70
			Transporter	taking Oil or	Gas: Texas-N	ew Mexico	Pipe L	ine Co
	,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		LC 0301	33 h				
marks:	••••••	***************************************	בטכט טוו	J) U		•••••••••••••••••••••••••••••••••••••••		
				***************************************	••••	•••••		
•	certify tha	it the inform	ation given abov	e is true and	complete to the t	est of my know	vledge.	
proved	•	1117		9	1666	(Company or Op	erator)	**********
OII	CONSER	XATION C	OMMISSION	R,				
				<i>_</i> ,		(Signature)	
(M.	XII	L/ Ti	_{tle} District	Superint	endent	
					Send Con	munications re	garding well	to:
e		نەنىئۆتىرىىسىنى	- ji	 Na	ame W. E. A	llen		