XICO OIL CONSERVATION COM: Santa Fe, New Mexico

N

REQUEST FOR (OIL) - (GAS) ALLOWABLE

NEV

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

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.

						(Place)	Manas		6, 1959	(Date)
WE ARE	E HER	EBY RE	QUESTI	NG AN ALLOW	ABLE FOR		KNOWN A	\S:		(Date)
				A #		, Well I	No4	, i n.	SW 1/	1 /4
•	•	iy or Ope Sec		, T 205 ,	(Lease)	NMPM	Site oo	e Morial		Deel
Unit	Letter									
••••••		.	•••••••••••	County. Date						
P	Please indicate location:			Elevation						
D	C	B	A	PRODUCING INTER		¹¹⁰	ime of Frog.			······
				Perforations		- 23301				
E	F	G.	H	Open Hole		- Da	epth sing Shoe	68491	Depth Tubing	الملالك
				OIL WELL TEST -						
L	K	J	II	Natural Prod. 1	est:	_bbls.oil, _	bb]	ls water in _	hrs,	Choke min. Size
				Test After Acid	or Fracture	Treatment (a	fter recover	y of volume	of oil equ	al to volume of
M	N	0	P	load oil used):	bb1	s,oil,2	bbls wa	ter in <u>21</u>	_hrs, _0_	Choke min. Size
				GAS WELL TEST -						
				- Natural Prod. T	est:	мс	F/Day; Hours	flowed	Choke	Size
tubing ,	Casing a	and Ceme	nting Recor	Method of Testi	.ng (pitot, ba	ck pressure,	etc.):			
Size		Feet	Sax	Test After Acid	or Fracture	Treatment:		MCF/1	ay; Hours	flowed
13 3	/84	386	450	Choke Size	Method o	of Testing:				
		- 1		Acid or Fractur	e Treatment ((G ive amounts	of material	s used, such	as acid, w	water, oil, and
8 5/		1087	<u>100</u>	sand):						
51/	2*	5838	500	Casing Press.	Tubing Press	Date fi oil run	rst new to tanks	Nev 25	959	
2 3/		5104		Oil Transporter	Shell	Pipe Li	.			
				Gas Transporter		Pat. Gam				
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rith.5	00	la. and		tx exitine b			VE	·····	191	
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				rmation given ab				of my know	ledge.	
Approved	1)(y 23	-	••••••••••••••••••••••••••••••••••••••	., 19 55 .	TEL		mpany or Op	erator)	••••••
	OIL C	ONSER	VATION	COMMISSION		By:	JAK (cire A		
			ر میں سرمین کی ک	11 1 - A. A.				(Signature)	
	(, f	<i>[</i>	1. 1.67	<u> </u>		Title Ass S	end Comm	mic ions re	garding we	ell to:
Fitle	• • • • • • • • • • •		<u>_</u>	<i>1</i> 		·		1.4		
			/			. *•		vine, dr.		•
					. [‡]	Address	O BOX 35	2 Nidla	XI, TAXA	