REQUEST FOR (OIL) - (CAS) ALLOWABLE

New Well A PROPERTY AND A PARTY AND A P

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 dent. 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.

			lioboe, New Max	
			(Place)	(Date)
E ARE F	EREBY F	REQUESTI	NG AN ALLOWABLE FOR A WELL KNOW	/N AS:
mble 0	11 & def	ining Co	mpany New Inxico State G , Well No.	in 12 1/4 NW 1/4,
(C o	mpany or O	perator)	(Lesse)	
<u>.</u>	Sec	26	(Lease) T. 21=5, R. 36=E, NMPM., ENTER	Pool
Unit Lo	iter .			
			County Date Spunded	,3880 pero 3855
Pleas	se indicate	location:	County. Date Spudded 5=12=58 Elevation Total Dep Top Oil/Gas Pay 3811 Name of F	Queen
D T	C B	A		rod. Form.
			PRODUCING INTERVAL -	•
			Perforations	
E	F G	H	Depth Open Hole Casing St	5879 Depth 3800
L	K J	I	OIL WELL TEST -	Choke
_	_		Natural Prodbbls.oil,	bbls water inhrs,min. Size
			Test After Acid or Fracture Treatment (after re	covery of volume of oil equal to volume of
M	N O	P	load oil used):bbls.oil,bl	ls water in hrs, min. Size
l	İ		GAS WELL TEST -	
				4
			Natural Prod. Test: MCF/Day;	Hours TrowedChoke Size
lubing ,Ca	sing and Cer	menting Reco	rd Method of Testing (pitot, back pressure, etc.)	
Size	Feet	Sax	Test After Acid or Fracture Treatment:	MCF/Day; Hours flowed
0.5/00	291	200	Choke SizeMethod of Testing:	
B=5/8"	271	21/1/		
4-1/29	3879	1450	Acid or Fracture Treatment (Give amounts of mat 500 gals, acid - frac w/15,0	erials used, such as acid, water, oil, and
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