

**ILLEGIBLE**

REGISTRATION OFFICE  
OPERATOR

**REQUEST FOR (OIL) - (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 QUADRUPPLICATE 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)

(Date)

**WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:**

(Company or Operator) \_\_\_\_\_, Well No. \_\_\_\_\_, in \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4,  
(Lease)  
Unit, Section \_\_\_\_\_, T. \_\_\_\_\_, R. \_\_\_\_\_, NMPM, \_\_\_\_\_ Pool

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

County, Date Spudded \_\_\_\_\_

Date Drilling Completed \_\_\_\_\_

Elevation \_\_\_\_\_ Total Depth \_\_\_\_\_ PETD \_\_\_\_\_

Top Oil/Gas Layer \_\_\_\_\_ Name of Prod. Form. \_\_\_\_\_

PRODUCING INTERVAL -

Perforations \_\_\_\_\_

Open Hole \_\_\_\_\_ Depth \_\_\_\_\_ Casing Shoe \_\_\_\_\_ Depth \_\_\_\_\_ Tubing \_\_\_\_\_

OIL WELL TEST -

Natural Prod. Test: \_\_\_\_\_ bbls. oil, \_\_\_\_\_ bbls. water in \_\_\_\_\_ hrs, \_\_\_\_\_ min. Size \_\_\_\_\_ Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): \_\_\_\_\_ bbls. oil, \_\_\_\_\_ bbls. water in \_\_\_\_\_ hrs, \_\_\_\_\_ min. Size \_\_\_\_\_ Choke

GAS WELL TEST -

Natural Prod. Test: \_\_\_\_\_ MCF/Day; Hours flowed \_\_\_\_\_ Choke Size \_\_\_\_\_

Method of Testing (pitot, back pressure, etc.): \_\_\_\_\_

Test After Acid or Fracture Treatment: \_\_\_\_\_ MCF/Day; Hours flowed \_\_\_\_\_

Choke Size \_\_\_\_\_ Method of Testing: \_\_\_\_\_

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): \_\_\_\_\_

Casing \_\_\_\_\_ Pressure \_\_\_\_\_ Date first new \_\_\_\_\_  
Pres. \_\_\_\_\_ Pres. \_\_\_\_\_ well run to tanks

Oil Transporter \_\_\_\_\_

Gas Transporter \_\_\_\_\_

Remarks: \_\_\_\_\_

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved \_\_\_\_\_, 19 \_\_\_\_\_

OIL CONSERVATION COMMISSION

By: \_\_\_\_\_

Title \_\_\_\_\_

By: \_\_\_\_\_

(Signature)

Title \_\_\_\_\_

Send Communications regarding well to:

Name \_\_\_\_\_