E. S	TRIBUTION		
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
THANSPURIER	GAS	1	
PRORATION OFFICE			

Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWAPLE

New Well Recompletion

This form Strail he 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 pent3 The adjourable 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. Cas must be reported on 15.025 psia at 60° Fahrenheit.

			-	•	Hobbs, Her Mexico(Place)	8-14-61 (Date)
C ADT	HER	FRY RE	OUESTI	NG AN ALLOWABLI	E FOR A WELL KNOWN AS:	(= =,
					5-4) , Well No 2	inSE 1/4 NB 1/4
ŧ	Compan	y or Oper	rator)	(1	lease)	
	Letter	, Sec	27	T. 22-5 R. 3	6-B , NMPM., Jalmet	!Poo
	_			County. Date Spude	ded Date Drillin	ng Completed
		dicate lo		Elevation3512		PBTD
<u>n</u> I	C	Гъ	T .	Top Gas Pay	Name of Prod. Form.	San Andres
D	· ·	В	A	PRODUCING INTERVAL -		•
		 		Perforations	Depth	Depth
E	F	G.	H	Open Hole		
				OIL WELL TEST -		
L	K	J			bbls.oil,bbls wate	Choke r inhrs,min. Size_
]	racture Treatment (after recovery of v	
М	N	0	P	•	bbls.oil,bbls water in	Choke
				GAS WELL TEST -		
					rest to the section of the	d Chala Ciaa
•		6601		_	MCF/Day; Hours flowe	•
•	Casing	Feet	nting Reco		itot, back pressure, etc.):	
					racture Treatment: 3339	
9-5/	8" 3	OL	200	Choke Size	Method of Testing: Keter But	
-4			1 00	Acid or Fracture Tre	atment (Give amounts of materials used	, such as acid, water, oil, and
5-1/	2 31	74	400	sand): 1000 Gal.	NES Acid	<u> </u>
		ł		Casing Tub PressPre	ing Date first new ssoil run to tanks	
	\neg				orthern Natural Cas Co.	
				Gas Transporter		<u> </u>
.emarks	s: De q	mestf	or inc	rease in allowable	e.as.a. result of acid dump.	shot a find the
	M	ed.1n.:	complia	nce with suder m	mber 3-1670	
						•••••••••••••••••••••••••••••••••••••••
Ιh	ereby c	ertify the	at the inf	ormation given above	is true and complete to the best of my	knowledge.
pprove	.d		원 33 3 3 	, 19 .	Galf Oil Corporation	(A- O
					Company	or Operator)
	OIL C	CONSER	VATIO	N COMMISSION		mature)
1			1 12		mil to a market and an i	Yana wan
y: . <u></u>					Title Area Preduction Send Communication	ions regarding well to:
itle	· - • - • • • • • • • • • • • • • • • •				•••••	
	1			•	NameQulfQl 1. Corpor	a tion
					Address Box 2167. Hobb	s. New Mexico