## Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLE

IXXXXX

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 oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

				(Place)	August	(Date)
E ARE H	EREBY R	EQUESTIN	G AN ALLOWABLE FO	R A WELL KNOWN AS	<b>:</b> :	, ,
				, Well No	, in <b>IN</b>	4 114
	npany or Op		(Lease)		************************************	·
(Unit)	Sec	: <b></b> ,	T, R	, NMPM., Drin		Poo
Lea			County, Date Spudded	huno 29, 1937 Date	Completed Angles	23. 1997
	e indicate		,	,,		1 . j
	1	<u> </u>	40101	a de de	<b>-</b>	1.5
. 4			Elevation.	Total Depth.	P.B.	661AV
			Top oil/gas pay	3791 Name of	Prod Form	rinkard
					2	Ö
S	oction :	26	Casing Perforations:	6380-64131	07	
			Denth to Casing shoe	e of Prod. String	•	
			Deput to Casing shoe	e of 11od. String		•
			Natural Prod. Test			ВОРГ
l			hased on	bbls. Oil in	Hrs	Mins
	a 660 Pi	•	Test after acid or sho	ot	•••••••••••	<b>B</b> OPD
Casing Size	Feet	ting Record Sax	Based on 119	bbls. Oil in	Hrs	Mins
			Gas Well Potential		****	***************************************
9-3/4"	708.	100		29/614		
7*	33701	460	Size choke in inches.	32/64*	••••••	
-			Date first oil run to t	anks or gas to Transmission	system: August	2. 1956
5*	6417*	200		_		•
			Transporter taking C	oil or Gas: Shell Pipe	Line Company	
marks:				th 500 gals, med ac		
·	Mell U	lowed 110	bbls. oil in 18 hou	rs.thru.32/647 shoke	<b></b>	
		•••••		• • • • • • • • • • • • • • • • • • • •	•••••••••••	
I hereby	y certify th			and complete to the best of		
proved	<i>F</i>	<u> 106 i 1</u>	<u>450</u> , <sub>19</sub>		O11 Company pany or Operator)	
		\	//	1101a	Marcherer	
OII	L CONSEI	RVATION (	COMMISSIÓN	By:	(Signature)	
	( /	M	Liedes	Title Dist. 2	hupt.	
***************************************					ications regarding w	rell to:
le	Engine	er.District	<u>/</u>	Name Skelly 011	Cormer	
			••	Name.		

Address.....