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 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.

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						OR A WELL KN				, ,		
	Compar	y or Ope	Gas Co	- Ann	ie L. Chr.	Stmas, Well No	3	, in	N	½ I B	1/4	
	-	-				, , NMPM.,		Underd	mated		Por	
Umit	Line	_										
						5-12-57						
Please indicate location:			Elevation	Pay 66361	Total							
D	C	В	A			Name	of Prod. Fo	orm	APP			
		×		PRODUCING IN		*************						
E	F	G	H	Perforations	6443-	6497, 6527-6	5491	····	Do-Ah			
	•		"	Open Hole		Depth Casin	Shoe 💍	72-577	Tubing_	6547		
-		ļ. <u> </u>		OIL WELL TES	<u> -</u>							
L	K	J	I	Natural Prod	- • Test:	bbls.oil,	bbls	water in	hrs.	min.	Choke	
						re Treatment (after					_	
M	N	0	P			bbls.oil,			=	Ch - 1		
								· · · · · · ·	rs,	min. Size		
		1	L	GAS WELL TES	-							
				- Naturai Prod	• Test:	MCF/Da	ay; Hours f	lowed	Choke	Size		
ding ,	Casing s	and Cemen	ting Recor	Method of Te	sting (pitot,	back pressure, etc	.):					
Size Feet Sax			Test After A	cid or Fracture Treatment: MCF/Day:				ay; Hours	flowed			
##3#			1.50	Choke Size	Method	d of Testing:						
5"11		3005 1	<u> 150</u>			·						
2n (IB 6	545		1		(Give amounts of						
~				sand):	Tubing 3	Date first	10,0	OOF man	<u> </u>			
				Press Pack	Press.	Date first oil run to	tanks	7-1-57				
		1		Gil Transport	ter T	eme-New Next	eo Pipe	Line C	ONDERT.			
				Gas Transport	ter							
marks:	:	•••••	•••••	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					F	·····		
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I he	reby cer	rtify that	the info	rmation given	above is true	and complete to	the best of	my knowl	edge.			
	•	•				Sinelai						
•					,		Comp	any or Ope	rator)			
	OIL C	ONSERV	ATION	COMMISSIO	N	Ву:	Oll	Elles				
				•		,	· ·	Signature)				
· · · · · · · · · · · · · · · · · · ·	<u> </u>	/		Chi	·	Title Distr	ict Sup	t.				
1-						Send	Communic	cations reg	garding w	ell to:		
. .			***-*********	**********************		Name 6. C	. Salte			- 		
Orig. & Jec:000 oc:PHR, MFD, File						Address Hobbs, New Mexim						
			-, -			Address						