## NEW MAXICO OIL CONSERVATION COMMIS AON Santa Fe, New Mexico

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

						Texas	August		
E ARE	HEREBY I	REQUESTI	NG AN ALLO	WABLE FOR	(Place) RAWELL K	NOWN AS:		(Dat	<b>c</b> )
'exas	Company	A. H.	Blinebry	NCT-1	Well No	7	, in SW	1/4 NB	
<b>G</b> (C	ompany or O	perator) 19	T. 22-S	R 38-E	NMPM.	Tubb Gas	•	, -	P.
( Uni	t)					, Date Con			
	ase indicate		County. Dat	e Spudded:		Date Con	npleted	<u> </u>	
			Elevation	3370'(0	GR) Total I	Depth 6 <b>260</b>	, Р.В	62 <b>52</b>	) 
			Тор 📆 /	gas pay6	120	- Name of Proc	d. FormTu	bb Gas	**-**-
	X		Casing P	erforations:	6 <b>120'-</b> 6	2001	•		
			Depth to	Casing shoe	of Prod. String	400 400 400			••••
- +			Natural l	Prod. Test			***********	•••••	BOP
			based on		bbls. Oi	l in	Hrs		Mir
			•			***			
Casing	and Comen	ting Record							
Size	Feet	Sax	Based on		bbls. Oi	l in	Hrs.	<b>**</b>	Min
<b>3-3/</b> 8	320	350	Gas Wel	Potential.67	750 MCF's	per 24 ho	urs	***************************************	
-5/8*	2888	2000	Size chol	te in inches	30/64	Ħ			
7 <b>"</b>	6 <b>250</b>	500	Date first	oil run to tar	nks or gas to T	ransmission syste	m: Not	yet rur	<b>\.</b>
			Transpor	ter taking Oil	or Gas: . Per	mian Basin	Pipe L	ine Con	pan
1	Con Con			61901	60001 a	r lower zo			99
	ted wel		ERVIOUS II	OW ATER.	-UEUU:	r Tower 20	ile of 6	ITS GAS	TTA
	•	at the infor	Ñ	_		o the best of my			
proved	ANGO	OCT 25	1956	, 19 <b>.56</b>	The T	exas Compa (Company	ny or Operator)		
O	L GONSE	RVATION	COMMISSION	ī	By:	/d			
(		U X	riode.	1	Title Asst	Sign Dist. Su	nature) p <b>erinte</b> :	ndent	
		T\	, run	<b></b>		d Communicatio			
e	••••••••••••••			7	NameTh	e Texas Co	mpany		
					Address Box	x 1270, Mi	dland.	rexas	