REQUEST FOR (OIL) - **CAS**ALLOWABLE

New Well

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.

	o uic si					Emice,	New M	January 6, 1959		
WE AR	E HER	EBY RE	OUESTI	NG AN ALLO	WABLE FO	R A WELL KN	NOWN A	AS:		\/
									, M ol!/	NH 1/4.
	(Compar	ny or Oper	rator)	-4	(Lease)	, Well No.	\$ marer	2/1	1017	and the same
	D Letter	, Sec	19	., Т24	, R .34	, NMPM.,		radley D	laware	Pool
				County, Dat	e Spudded	11-21-58	Date	Drilling Co	pleted	12-7-58
Please indicate location:				Elevation	33901 DF	Total	l Depth	53701	PBTD	
D	C	В	A		FERVAL - 53	Name	of Prod.	Form. De	lawre S	and
X					5302-					
E	F	G	H	-		Depth Casir	ng Shoe	53701	Depth Tubing	53051
Ĺ	K	J	I	OIL WELL TEST	•	bbls.oil,	LL:	la watan in	h	Choke
					-	re Treatment (afte				
М	N	0	P	load oil use	d): <u>38</u>	obls,oil, <u>103</u>	bbls wa	ater in <u>24</u>	_hrs,	Choke _min. Size <u>Pum</u>
				GAS WELL TES	<u> </u>					
				Natural Prod	Test:	MCF/1	Day; Hour	s flowed	Choke	Si ze
Tubing	Casing	and Cemer	ting Recor	d Method of Te	sting (pitot,	back pressure, et	tc.):			
Size	•	Feet	Sax	Test After A	cid or Fractu	re Treatment:		MCF/	Day; Hours	flowed
8 5/8		703	400	ĭ		d of Testing:				
5 1/2	}	5370	202	1		(Give amounts of				
24		5305			Tubina		now			
				Oil Transpor	terN	ewood Corpor	cation			
				Gas Transpor	ter N	one				
Remark	s:	Nomaj	rket for	gasVen	ted to ai	//2,	40	.51		
•••••										
						and complete to	the best	of my know	vledge.	_
Approve	:d				, 19		CONTLY CC	ompany or Or	erator).	y
	OIL C	ONSER	VATION	COMMISSIC	n /	By: / []	icto	(Signature	TYP	2
		The Office			Ma	1.62	The cat was	. •		•
By:	La file	[]		1/1/21/4 de	<u></u>	Title	d Comm	et Super unications r	egarding w	ell to:
Title		••••••		·····	.,	Name				
						A .d	Bex 68	- Eunic	e. New N	lexico