REQUEST FOR (OIL) - (GAS) ALLOWABLE HOBBS OF RECEMBER

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 is filed during calendar able 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.

	Je	ss L. V	NG AN ALLO Varren	Janda-Stat	Well No	. 1	in	SE	NE 1/4
(Соп	npany or Op	erator)		(Lease)	, , , , , , , , , , , , , , , , , , , ,				, •
H	Sec	24	, _T 235	., R. 36E	, NMPM.,	Langli	e-Matti	K	Рос
Unit Lat	er								
L	02		County. Da	ite Spudded!! 3340 GL	-13-27	al Conth	3553	CTRS	3550
Pleas	e indicate	location:		Pay 3500					
D	C B	A				e c. rica	1016	.002 50	
			PRODUCING IN	TERVAL -				•	
 -		 		3514	D e p*	+ b		Death	
E	F G		Open Hole		Cas	ing Shoe	3550	Depth Tubing	3500
		X	OIL WELL TES						
L	K J	I		i. Test:	hhleoil. =	b	bls water in	hrs.	Chok min. Size
- 1			1	Acid or Fracture					
M	N O	P	Test After A	ed): 60 bb	ireatment (ar	ter recov	ery or vordin	e or orr ec ▲ 、	Choke
*		•	load oil use	ed): bb	ols.oil, Ro.	bbls	water in	mrs,	min. Size
{			GAS WELL TES	<u> </u>					
			Natural Prod	d. Test:	MCF,	/Day; Hou	rs flowed	Choke	· Size
ubing Cas	ing and Cem	enting Reco		esting (pitot, b					
tubing , Casing and Cementing Record Sure Feet Sax			Acid or Fracture		-				
									
8 5/8"	305	125	Choke Size	Method	or resting:				
40			Acid or Frac	ture Treatment	(Give amounts	of materi	als used, su	ch as acid,	water, oil, an
5 1/2"	3550	125	d). 10.4	000# Sd. p	lus 10,000	gal. c	rude.		
		}	Casing	Tubing Press. 2	25 Date fir	st new to tanks	1-6-60)	
2"	3500		Press.	rter Tex-N	lew Mexico	Pinel	ine Com	DANY	
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	L	.\		rter					
emarks:					• • • • • • • • • • • • • • • • • • • •				
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I hereb	ov certify t	hat the inf	formation given	above is true	and complete	to the be	st of my kno	owledge.	
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pproved	·····	्क ष	,			(0	Company or C	Operator)	
01	I CONSE	PVAZIO	COMMISSION	อท์	By:	En la		E. M. M. Koren	
(I)	L COMSE	KVA 10	·		(Jess L	War	Ten jignatu	re)	
. [[]	1/	11/10	11/11/20		Title Agen	t			
ستششسا، ۲۲					Se	nd Comr	nunications	regarding	well to:
itle					Name Jes	a I. U	Zeren		
		•						gRos	well, N.M.
					Address			91	