NEW! (ICO OIL CONSERVATION COMMI ON Santa Fe, New Mexico

(Form C-104) Revised 7/1/57

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.

NEARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS: JOHN H. HILL LA Manyon Peteral ** (Company or Operator) Sec. 32. T. 33. R. 378. NMPM. Undesignated (Peter Ext.) ** Leas. County. Date Spudded 7/25/59 Please indicate location: D C B A PRODUCTIC INTERVAL - Perforations 3609-13; 160-14 w/s is JEFF Copen Hole Control Test: Dott Rell TEST - Natural Prod. Test: Diad of Used: 39 Delta, oil. 10 Natural Prod. Test: Sir Fret Sax Test After Acid or Fracture Treatment (after recovery of volume of oil equal to who can be a second of Testing (pitot, back pressure, etc.): Test After Acid or Fracture Treatment: Method of Testing (pitot, back pressure, etc.): Test After Acid or Fracture Treatment: Method of Testing: Coheke Size Wethod of Testing: Casing 3600 300 2-3/8** asc at 3555* Test After Acid or Fracture Treatment: Casing Tubing Casing and Av inj rete 21.1 by acid of Testing (pitot, back pressure, etc.): Test After Acid or Fracture Treatment: Casing 10,000 gal ref cil 17,380 seard Av inj rete 21.1 by acid of Testing (pitot) Casing Press: Cas Transporter Casing Press: Cas Transporter Casing Press: Cas Transporter Company of Operator) OIL CONSERVATION COMMISSION Details Acid Communications regarding well to: Name. 041 Reporte Row 763 Robbes, No. Man.					(Place)		(Date)
(Lease) Company or Operator) Los Sec. 22 T. 23 R. 375 NMPM, Undestignated (Like Rat) # County. Date Spudded 1/25/39 Date Depth 100 PSTO PSTO Top 011/Gas Pay 3509 Name of Prod. Form. Penrode Please indicate location: D C B A PRODUCING INTERVAL - Perforations 3609-13: 3609 Name of Prod. Form. Penrode Pentrode Interval - Perforations 3609-13: 3609 Name of Prod. Form. Penrode Depth Open Hole Casing Shoe Tubing Office Interval - Perforations 3609-13: 3609 Name of Prod. Form. Penrode D C B A Pentrode Interval - Perforations 3609-13: 3609 Name of Prod. Form. Penrode Pentrode Interval - Pentrode In			-				1/2 88 1/2
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Address....