QIL	 
GAS	
	 GAS

## NEW MEXICO OIL CONSERVATION COMMISSION (Form C-104) Revised 7/1/57 Santa Fe. New Mexico

REQUEST FOR (OIL) - REMER 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. Gai must be reported on 15.025 psia at 60° Fahrenheit.

			Non-thinks, Texast North	36, 1961
			(Place)	(Date)
			ING AN ALLOWABLE FOR A WELL KNOWN AS:	
			General No. , in	
	company or	Soc <b>2</b>	(Lease)	~ .
Les		· · · · · · · · · · · · · · · · · · ·		meh 11, 196
Ple	ase indicat	te location:	ElevationTotal DepthPBTD	
D	C I	BA	Top Oil/Gas PayName of Prod. Form	fand ·
2	Ŭ		PRODUCING INTERVAL -	
_			Perforations (14641-1451) (14531-1464) (14501-14571)	
E	<b>F</b>	GH	Open Hole Depth Depth Tubing	1651.68"
1			OIL WELL TEST -	
L	K	JI		Choke_
			Natural Prod. Test:bbls.oil,bbls water inhrs,	
MN	N	0 P	Test After Acid or Fracture Treatment (after recovery of volume of oil equ	Choke
			load oil used):bbls.oil,bbls water inhrs,	min. Size
			GAS WELL TEST -	
	(FOOTAGE)		Natural Prod. Test:MCF/Day; Hours flowedChoke	Size
ubing "Ca	sing and C	ementing Reco	ord Method of Testing (pitot, back pressure, etc.):	
Size	Feet	Sax	Test After Acid or Fracture Treatment:MCF/Day; Hours	flowed
			Choke SizeMethod cf Testing:	
	3774			
1-1/2	1 The	19 25	Acid or Fracture Treatment (Give amounts of materials used, such as acid, sand):	water, oil, and
				•
2-3/4		SI Smith	Casing Tubing Date first new oil run to tanks	, 
			Gil Transporter The Pornian Compared ion New 1957 Mid	mil. Sens a
	_		Gas Transporter	
emarks:				
		•••••••••••••••••••••••••••••••••••••••	In huna lell. att.	-[-] K
			i tun tun b	
I here	by certify	that the info	ormation given above is true and complete to the best of my knowledge.	
proved			Pasthar City Intestment Company	<u>r</u>
	1	· ) ··	(Company or Operator)	
0	IL CONS	ERVATION	N COMMISSION By: alla / Inne	···
and the second se		1 - 1	(Signature)	And the sector
:			Title	
		1.	Send Communications regarding w	
tle	·····	•••••••	Name	
		74 m	Address. Address. Address.	J