NUMBER OF COP. J RECEIVED				NEW MEXICO OIL CONSERVATION COMMISSION (Form C-10	04) 🖌
BANTA FE				Santa Fe, New Mexico Ravised 7/	1/57
FILE					
LAND OF FICE			}	REQUEST FOR (OIL) -	
TRANSPORTER	OIL	77		Are D	
PRORATION OFFICE		i1	CORRECTED REPORT "41 Rev Well		
OPERATOR					la di la

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or G2, 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 diving calendar month of completion or recompletio: The completion date shall be that date in the case of an oil well when newsoil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

				(Place)	(Date)
E ARI	E HERI	EBY RE	QUEST	NG AN ALLOWABLE FOR A WELL KNOWN A	
	Zint.			Well No.	
	-	iy or Oper	rator)	(Lease)	· · · · · · · · · · ·
Ualt	Letter	, Sec		., T, NMPM.,	Pool
tas.				County. Date Spudded.	Drilling Completed
D		dicate lo			PBTD PBTD
r 1				Top Oil	
D	C	В	A	PRODUCING INTERVAL -	
				Perforations Gase' to Lare') Gas' to	Lines A.A. Lines.
E	F	G	H		Depth
				Open HoleCasing Shoe	Tubing
L	K	J	I	OIL WELL TEST -	
2	L.		_ <u>⊥</u>	Natural Prod. Test:bbls.oil,bbl	Choke Is water inhrs,min. Size_
				Test After Acid or Fracture Treatment (after recover	y of volume of oil equal to volume of
M	N	0	Р	load oil used):bbls,oil,bbls wa	choke iter in hrs, min. Size
				GAS WELL TEST -	
·		1	·		
ublag ((FOOT		ting Reco	Natural Prod. Test:MCF/Day; Hours	
Size		Feet	Sax		
 				Test After Acid or Fracture Treatment:	
14/1	1	Main.	300	Choke SizeMethod of Testing:	
-			a Jacob de la	Acid or Fracture Treatment (Give amounts of material:	s used, such as acid, water, oil, and
		Them	22	sand):	
				Casing Tubing Date first new	Annald, SW. Solds.
				Press Press oil run to tanks	Day 100 - 10 Stand Days
		[Oil Transporter	
				Gas Transporter	
marks		••••••			
•••••••••	•••••		••••••		
	•••••		••••••		
I he	reby cer	-		mation given above is true and complete to the best of	of my knowledge.
provec	I	/	•••••	, 19	mpany or Operator)
		-		Kan thank	dur
(OIL CO	ONSERV	VATION	COMMISSION By T JMC	(Signature)
		0.; .	ø. [Lenne E Assistant	ivision Manager
:		<u> </u>	7. <u>C</u>	Title Send Commu	nications regarding well to:
tle				Name. Name	ant Jar Baland, Think
				Address	

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