NE\ MEXICO OIL CONSERVATION COM. SSION Santa Fe, New Mexico

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 oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

nto the stock t	tanks. Gas 1	must be rep	orted on 15.025 psia at 60°	Hobbs,	n. n.	Decemb	er 23, 19
			TANKATI OMBANI E EOD	(Place) A WELL KN	OWN AS:		(=)
VE ARE HE	REBY RE	QUESTING	AN ALLOWABLE FOR MaBuffington (Loss)	A VVELL NA	1. (O)	in XX	1/4 51
V. I.	Byron	ator)	(Lease)	, wen No		-, 1111-	
I	Sec	13	(Lease) T. 258 , R. 375	, NMPM.,	Langlie	Mattix	Po
(Unit)	, •••	,	Y.	wawhar 25	1.1954 C	Interest Book	. 23. 199
Lea			County. Date Spudded			mpleted	(A94.49.5
Please	indicate lo	cation:					
			Elevation3082	Total D	epth34	20 , P.B	
			Top oil/gas pay	325 9	Name of Pro	od. Form	
			Casing Perforations:	none			
		0	Depth to Casing shoe	of Prod. String.	שכאכ		
			Natural Prod. Test	Eb.			BO
			based on	bbls. Oil	in24	Hrs	NII
			. Test after acid or sho	none			BO
Casing a Size	and Comenta Feet	Sax	Based on	bbls. Oil	in	Hrs	NI
			Gas Well Potential	5	4 BOPD		
8-5/8	250	250	Gas Well Totellaum				
1			Size choke in inches.	&" W.			*******
5-1/2	3250	200	Date first oil run to t	anks or sas to T	ransmission sy	rstem:	
1							
			Transporter taking C	oil or Gas:	s Refini	ng Compan	T
			2	<i>(</i>			
Remarks:							
Kemarks					•		

I hereh	v certify th	at the info	rmation given above is tru	e and complete	to the best of	my knowledge.	
Approved	, corary a		, 19			any or Operator)	
Ephrosea				.11	(Compa	Kur	su
OI	L CONSE	RVATION	COMMISSION	By:	May 1	Signature)	
X	_ \		•	mu An	ere tem		
By: 1	1. 9	tu	nson	Title Se	nd Communic	cations regardin	g well to:
Title							
1 1TIP			***************************************	Name II	L. Byron		bbs, N. M

Address....