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

						New Mexico	Ju	17 16, 17H
	,				(Place)	TOWN AC.		(Date)
ARE H	EREBY RI	EQUESTI	NG AN ALLO	OWABLE FOR L. Coates "C	A WELL KN	12 (13)	;, 16	1/4 SN 1
(Com	pany or Ope	erator)		(Lesse)	, Well No	······		74
E ,	Sec.	24	T 258	(Lesse) , R 378	, NMPM.,	jestia De	interd	Pc
Unit Lett				ate Spudded				
			County. Da	3057 ED	Total	Depth 7137	PBTD	7139
Please	indicate le	ocation:	Too Oil/Gas	Pay 5885	Name	of Prod. Form.	Dginka	and .
D C	В	A	PRODUCING IN					•
				5890-	5140			
E F	G	Н	Perforations	šXtas	Depth	7136	Depth	6010
]					Casi	ig slive		
L	K J	I		<u>ञ</u> - Not	•			Chol
2/2	-	-		d. Test. Tested				
, ,		 _	Test After	Acid or Fracture	Treatment (afte	er recovery of v	olume of oil e	qual to volume o
M	1 0	P	load oil use	sed): 57.91 bb	ols,oil,	bbls water in	hrs,	min. Size
			GAS WELL TE	<u>sı</u> -				
		<u>.</u>	Natural Pτο	od. Test:	MCF/	Day; Hours flowe	dChok	e Size
bing ,Casi	ing and Ceme	enting Reco	rd Method of T	Testing (pitot, b	oack pressure, e	tc.):		
Size	Feet	Sax	Test After	Acid or Fracture	Treatment:		_MCF/Day; Hour	s flowed
13-3/6	543	550	Choke Size	Me thod	of Testing:			
				cture Treatment	(6)	E materials used	. such as acid	, water, oil, an
9-5/8	3348	1300	Acid or Frac	cture Treatment	(Give amounts of	d à treste	w/ 500 gr	L. 195 agi
7	7136	830	sand):	Tubing Press.	Date firs	t new 7-15-	18	
			Press	Press.	oil run t	o tanks	e Co.	
2-3/3	4009		Gil Transpo	orter B1 Pr	nes Heturel	Gas Ca.		
	Thi	s will	Gas Transpo	orter	stard Person	man oil/oi	dual.	
emarks:			emerement to the contradiction		•			*************************
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· - · · · · · · · · · · · · · · · · · ·					and complete t	o the best of my	knowledge.	
I hereb	y certify th	hat the inf	ormation giver	n above is true	and complete t	idewater OL	i Company	
pproved				, 19	•••••	(Company	or Operator)	_
01	I CONSE	DWATIO!	N COMMISSI	ION	By	Sam		> 2
Oi	~ /	,	4	. = • ·	•	, -	mature)	•
/:	Jun	w.	lungan		Title	Area Supta d Communicat	ione recording	well to:
,			<i>(</i>)		Ser			
tle			*******************		Name	H. F. Shac	Eoft ose	
					Address Box	547 Ho	bbs, New M	exico