REQUEST FOR (OIL) - (SEES) ALLOWABLE OFFICE OFFICE OFFICE OFFICE

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 path Form C-104 was a lowable 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. Cas must be reported on 15.025 psia at 60° Fahrenheit.

	SURE CAIRS.	•	·	Derver Gity, Towns (Place)	March 3, 1959 (Date)
r ade u	ERERY REG	OUESTII	NG AN ALLOWABLE	FOR A WELL KNOWN AS:	, ,
he 141	entie Ref	Mining!	Company St	** Well No	1/4 1/4
(Соп	pany or Oper	ator)	(Le:	ne) , NMPM., Undesignated	batis (Drinkard) Poo
Und Lot	, Sec		, T 25:18 , R .3 6	, NMPM., Manual	
Les			County, Date Spudde	d 1-25-59 Date Drilling	Completed 2 2 2
	e indicate lo		Elevation 300	iotal Depth anyla	FB10
D C	з В	A	Top Oil/Gas Pay	Name of Prod. Form.	BELDERFE
			PRODUCING INTERVAL -		
	F G	H	Perforations 5870	NoAb	Depth
			Open Hole		Tubing (836.6)
			OIL WELL TEST -		Choke
L :	KJ	I	Natural Prod. Test:	bbls.oil,bbls water	in hrs, min- Size
			Test After Acid or Fra	cture Treatment (after recovery of vol	ume of oil equal to volume of
M :	N O	P	load oil used):	bbls.oil,bbls water in	2h hrs, 0 min. Size 16
			GAS WELL TEST -		
	tion 25	<u> </u>		MCF/Day; Hours flowed	Choke Size
	ing and Comer	ting Reco		cot, back pressure, etc.):	
Size Feet Sax			acture Treatment:N		
			•	ethod of Testing:	
3-1/3	581.99	600			
946/3	3335.99	1,600	•	ment (Give amounts of materials used,	such as acid, water, off, and
719/1			sand): 1000 rale Casing Tubin	ng Date first new	A 10/A
7	6459.30	130		ng Date first new so oil run to tanks	
			1	ne-New Mercine Pipe Live Con	(Mary
7	5823.61		Gas Transporter	male of sale	
marks:	Contract.	in bal		12 Track Description	1 12
				IU kill - 11 121	11 May

				true and complete to the best of my in the Atlantic Refil	ing Company
pproved	*****************		, 19	(Company o	
~	II COSTOTO	37 A TT Ø1	COMMISSION	By: Malan	N.A. Gerr
O.	IL CONSER	VALUE	A SOMMINGOIOM	(Signa	
	Und	100	Mull	Title District Superint	maant
به روی 		//			ns regarding well to:
itle	***************************************	<i>[]</i>	***************************************	Name The Atlantic Re	fining Company
				Address Best 1038 Denv	_ V