## 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-104 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filled 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.

					Denver City (Place)		May 23, 1959 (Date)		
		-			R A WELL KNO				
	ntic Refi		ampany	State X (Lease)	, Well No	<b>7</b> ,	nNE	1/4 NE	1/4,
			, T 25-5		, NMPM.,	ndesignated	(Justie	-Montoya	Pool
Le	<b>a</b>		County. D	ate Spudded	Apr. 18, 1959	Date Drilling	Completed	May 18,	1959
	e indicate lo		Elevation_	3073	Total	Depth <b>70</b> 0	<b>)O</b> FBT[	6994	
D C	С В	AX	Top Oil/Gas	Pay 6930	Name o	f Prod. Form.	Montoy	8.	
		"	PRODUCING I	NTERVAL -			-		
EI	F G	Н		s6930-			Depth		
F   1		l n	Open Hole_	•54	Casing	Shoe <b>6999</b>	5 Tubino	6886.9	16
	<del>,,   _ , -</del>	<del>   </del>	OIL WELL TE	<u>st</u> -					Challa
LK	K J	I	Natural Pro	od. Test:	bbls.oil,	bbls water	inhrs		Choke Size
					e Treatment (after				
M	<i>y</i> 0	P	load oil us	sed): <u>362,80</u> b	bls,oil,	_bbls water in	24 hrs, _	min. Size	<u>18/</u> 6
		]	GAS WELL TE						
Section 25 Natural Prod. Tes				od. Test:	MCF/Da	y; Hours flowed	Chol	ke Size	
tubing ,Casi	ing and Cemer	nting Reco			back pressure, etc				
Size	Feet	Sax	Test After	Acid or Fractur	e Treatment:		MCF/Day; Hour	rs flowed	
30.0/0	100 71		Choke Size	Method	of Testing:				
13-3/8	432.14	425	-					l water oil	and .
9-5/8	3316.03	1700	1		(Give amounts of			, water, orr	, and
		_	casing	OOO gals. M	Date first oil run to	new 5.21	_6O		
7	6986.61	340			Mew Mexico P		<del></del>		
2" Tbg.	6876.96								
) am a sha :		<del></del>	<b>-</b> Ga <b>s</b> Transpo	orter	so Natural Ge	<u> </u>			
(emarks:			**************************************						
			••••••••••••••••••••••••••••••••••••••	************************					
7 LL				a above is true	and complete to	the best of my l	mowledge.		
	May 23		madon give			antic Refi		any	
Approved		·····		1.J.:#.#	11	(Company o	r Operator)	-	_
OI	l conser	VATION	COMMISSI	ON	Ву:	(Sign	ature)	H. A.	Carr
1	W 1 . 1		14 /n 12	M		ict Superi			
	カナノハチ	ang galangan J	- j. g. g. c. C	· · · · · · · · · · · · · · · · · · ·		Communicatio		well to:	
Title			• • • • • • • • • • • • • • • • • • • •		Name. The I	tlantic Re	fining Co	eban <b>a</b>	
					Address. Box	1038, Denv	or City,	Техая	