## NEW N GOOD CONSERVATION COMMIT ON Santa Fe, New Mexico

## (Form C-104) Revised 7/1/57

## 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 Cas 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. Cas must be reported on 15.025 psia at 60° Fahrenheit

(Company or Operator)			/ T 🚗 🖘	u l			
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Lea			County. Date Spudded	#o+=	. The 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PBTD	6930
Plea	se indicate	lccation:	Top 011/600 Pay 5309	Name	e Fred. Form. Bli	nebry (J	
7	C B	A	PRODUCING INTERVAL -				
G	F G	H	Perforations 5309-1	3 <b>.</b> 5338-42 <b>.</b> 5	364-68 <b>,</b> 5391 <b>-</b> 95	<u>5• 5442-4</u> Эерth	P006
	r	C	Open Hole <b>None</b>	Casi	.ng জ <i>⇔</i> <u>6950</u>	Tubing	<b>5</b> 28 <b>0</b>
	K J	I	OIL WELL TEST " Natural Prod. Test:				
<del>,  </del>	N O	P	Test After Acid or Fractional November 10 (1986)	ture Treatment (af	res encovery of volum	e of oil equ	choke
			GAS WELL TEST -	_CDIS,011,	POPER	<u></u>	
			Natural Prod. Test:	■ MCF	Aban, lers flowed	Choke	Size
4	-d and Car	manting Reco				_	
abing ,Casing and Comenting Recor			Test After Acid or Frac				flowed -
		T	Choke SizeMet				
·5/8"	840	420			Appendix of the second		
7"	6939	670	Acid or Fracture Treatm	ent (Give amounts o	of raterials used, su	od 1 1/km	# Adomite &
		1	sand): 1000 gal mud	. acid & 20,00	St New Ol 6	017 7/ 40	sand per
2-3/8 5280			Casing Press. 2650 Press.	2650 oil run	(0 anxs 0-4-0	<u> </u>	
			Oil Transporter Tex	as-New Mexico	Pipe Line Com	Dany	
			Gas Transporter El	Paso Natural	Gas Company		
narks :	PJ	lease mal	ce allowable effecti	ve August 9,	TAOT		
							***************************************
I her	eby certify	that the in	formation given above is t	rue and complete	to the best of my kno	owiedge.	
proved	د سر		19		(Company or	Operator)	
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				Se	nd Communications	regarding v	well to:
le			***************************************		f 011 Corporati		
				TAWARE THE STREET	. O. Box 766, K		
				P.	. U. BOX 700. K	eriil t	CACIO