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

					(Place)	July 22, 1960 (Date)
E ARE	HERE	BY RE	QUESTI	NG AN ALLOWABLE	FOR A WELL KNOWN AS:	, ,
inel	ir oi	l & Go	is Compa	ay J. H.	McClure Well No. 20	in SW 1/4 NE 1/
(Company or Operator)			rator)	(L	ease)	•
Umit	Letter	, Sec		T. 43 , R. 3	NMPM., Dollarai	ie Queen Po
-	T de					
				County. Date Spudd	ed Date Dri	Lling Completed
Pl	ease ind	licate lo	cation:	T. 011/0 P	Otal Depth	PBTD
D	С	В	A	Top Oll/Gas Pay	Name of Prod. For	m. Queen
				PRODUCING INTERVAL -		
				Perforations	3832 - 3846	
E	F	G X	H	Open Hole	Depth Casing Shoe	Depth Tubing 3757
				OIL WELL TEST -		
L	K	J	I		A	Choke
	ļ			Natural Prod. Test:	bbls.oil, bbls w	vater inhrs,min. Size
M	N		P	Test After Acid or Fr	acture Treatment (after recovery o	of volume of oil equal to volume of
M		0		load oil used): 51	bbls,oil, <u>36</u> bbls water	in 24 hrs, min Size
į				GAS WELL TEST -		
3101	2/N &	23101	2/E 11			
			ting Recor			owedChoke Size
Size		cct	Sax	от тоботия тра	tot, back pressure, etc.):	
		<u>```</u>		Test After Acid or Fr	acture Treatment:	MCF/Day; Hours flowed
8 5/8	32	224	300	Choke Size M	ethod of Testing:	
				And an Franchise Trans	16 to a second of materials of	
5 1	65	6900 525		Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 7000 Gal Oil & 7000# Sand		
		ļ		Casing Tubi	Date first new oil run to tanks	
2	20	3757		Oil Transporter Tex	as-New Mexico Pipeline (ARD MAY
					Paso Natural Gas Company	
emarks:	Per	occ o	rder DC	54.2		
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I he	rehv cer	tifu tha			true and complete to the best of	my knowledge.
						Companie
hhroved	l	J	7. 2.1.	1961, 19	(Compa	any or Operator)
	OII 66	Mern	UATION.	COMMISSION	· •	<u></u>
,	OIF C	JNOEK /	VALION	COMMISSION	Dy i	Signature)
	1.	17		4 1 1 Miller	Title Dist. Sunt.	
ژ <i>ېي</i> د	·····			d 	Send Communic	ations regarding well to:
itle	·····	••••••	<u> Auron</u>	District \$	Name Mr. Fred Bur	
			CC		Name Fire Fred Dat	