

REQUEST FOR (OIL) - (GAS) ALLOWABLE DISTRICT OFFICE New Well  
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. 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.

(Place)

(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Well No. \_\_\_\_\_, in \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4,  
(Company or Operator) (Lease)  
Sec. \_\_\_\_\_, T. \_\_\_\_\_, R. \_\_\_\_\_, NMPM., \_\_\_\_\_ Pool  
Unit Letter \_\_\_\_\_

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

County \_\_\_\_\_ Date Spudded \_\_\_\_\_ Date Drilling Completed \_\_\_\_\_

Elevation \_\_\_\_\_ Total Depth \_\_\_\_\_ FATH \_\_\_\_\_

Top Oil/Gas Pay \_\_\_\_\_ Name of Proc. Form. \_\_\_\_\_

PRODUCING INTERVAL -

Perforations \_\_\_\_\_

Open hole \_\_\_\_\_ Depth \_\_\_\_\_ Casing Shoe \_\_\_\_\_ Depth \_\_\_\_\_ Tubing \_\_\_\_\_

OIL WELL TEST -

Natural Prod. Test: \_\_\_\_\_ bbls. oil, \_\_\_\_\_ bbls. water in \_\_\_\_\_ hrs, \_\_\_\_\_ min. Size \_\_\_\_\_ Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke  
load oil used): \_\_\_\_\_ bbls. oil, \_\_\_\_\_ bbls. water in \_\_\_\_\_ hrs, \_\_\_\_\_ min. Size \_\_\_\_\_

GAS WELL TEST -

Natural Prod. Test: \_\_\_\_\_ MCF/day; Hours flowed \_\_\_\_\_ Choke Size \_\_\_\_\_

Method of Testing (pitot, back pressure, etc.): \_\_\_\_\_

Test After Acid or Fracture Treatment: \_\_\_\_\_ MCF/day; Hours flowed \_\_\_\_\_

Choke Size \_\_\_\_\_ Method of Testing: \_\_\_\_\_

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): \_\_\_\_\_

Casing \_\_\_\_\_ Tubing \_\_\_\_\_ Date first run \_\_\_\_\_  
Press. \_\_\_\_\_ Press. \_\_\_\_\_ oil run to tanks \_\_\_\_\_

Oil Transporter \_\_\_\_\_

Gas Transporter \_\_\_\_\_

Tubing, Casing and Cementing Record

Size Feet Sx


Remarks

ILLEGIBLE

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved \_\_\_\_\_, 19 \_\_\_\_\_

(Company or Operator)

By: \_\_\_\_\_

(Signature)

Title \_\_\_\_\_

Send Communications regarding well to:

Name \_\_\_\_\_

Address \_\_\_\_\_

OIL CONSERVATION COMMISSION

By: \_\_\_\_\_

Title \_\_\_\_\_