

# 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 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. 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

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

Please indicate location:

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

Elevation \_\_\_\_\_ Total Depth \_\_\_\_\_ FWT \_\_\_\_\_

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

PRODUCING INTERVAL -

Perforations \_\_\_\_\_

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

OIL WELL TEST -

Natural Prod. Test: \_\_\_\_\_ bbls./hr., \_\_\_\_\_ hrs. water in \_\_\_\_\_ hrs., \_\_\_\_\_ min. Size \_\_\_\_\_

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

GAS WELL TEST -

Natural Prod. \_\_\_\_\_ Choke Size \_\_\_\_\_

Method of Test \_\_\_\_\_

Test After Acid \_\_\_\_\_

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 new  
Press. \_\_\_\_\_ Press. \_\_\_\_\_ oil run to tanks \_\_\_\_\_

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

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

Remarks: \_\_\_\_\_

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

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

(Company or Operator)

OIL CONSERVATION COMMISSION

By \_\_\_\_\_

(Signature)

By \_\_\_\_\_

Title \_\_\_\_\_

See communications regarding well to:

Title \_\_\_\_\_