## NEW ? (ICO OIL CONSERVATION COMMI' ON

Santa Fe, New Mexico

**REQUEST FOR (OIL) - (ELLE) ALLOWABLE** 

This form shall be submitted by the operator before an initial allowable will be assigned to any completed of 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 foleness 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.

		POLIDATI		(Plače)			
xas Pa	cific Co	1 and O	NG AN ALLOWABLE	and			<b>SE</b> !/
	ompany or Op Sec etter		(Le , T <b>24-5</b> , R <b>3</b> 5	ase) 7 <b></b> , NMPM.,	Langlis-M	attix	Ро
			County. Date Spudde	a <b>4/9/61</b>	Date Drilling (	Completed	L/17/61
	use indicate		Elevation 3319 K				
		<del></del>	Top Oil/Gas Pay	3614Name d	of Prod. Form	Onen	
D	C B	A	PRODUCING INTERVAL -				
			Perforations 36	14 - 3620			
E	FG	H	Open Hole	Depth Casing	Shoe 3629	Depth Tubing	3592
			OIL WELL TEST -				
L	K J	I					Choke
		X	Natural Prod. Test:				
M	NO	P	Test After Acid or Fra		·	•	Choke
·			load oil used):		_bbls water in	hrs,min	• Size
			GAS WELL TEST -	GOR 831			
//			Natural Prod. Test:	MCF/Da	ay; Hours flowed	Choke Size	
ibing "Ca	sing and Cem	enting Recor	rd Method of Testing (pit	ot, back pressure, etc	c.):		
Size	Feet	Sax	Test After Acid or Fra	cture Treatment:	MCE	- /Day; Hours flow	ed
a z la			Choke SizeMe	thod of Testing:			
8-5/8	316	300				ab ac acid water	
5-1/2	3619	250	Acid or Fracture Treat		_		
			sand): <b>SOT v/10</b> Casing Tubin				
2	3582		Casing Tubin Press. 2600 Press	•oil run to	tanks5/8	/61	
		[	Oil Transporter 🕻	ulf Bafining Con	Pary		
	_		Gas Transporter K	Paso Natural (	Gas Company		
emarks:		••••	••••••••••••••••••••••••••••••••••••••				•••••
					•••••••••••••••••••••••••••••••••••••••		•••••••••••••••••••••••••••••••••••••••
							•••••
I here	by certify th	at the info	ormation given above is	true and complete to	the best of my kno	owledge.	
		8141	<u>/ 1 / 10</u> , 19		Pacific Coe	1 and 011 C	any
proved				/	Company or C	/ / / / / / / / / / / / / / / / / / /	
•		- /					
•		RVATION	COMMISSION	By:	(Signatu	<del></del> )	····
oproved O		RVATION	COMMISSION		(Signatu		
•		RVATION	COMMISSION	TitleDis	trict Engines	r	0:
•		RVATION	COMMISSION	TitleDis		r	<u>ο</u> :

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

New Well