## NEW MEXICO OIL CONSERVATION COMMISSION E E E I V F D (Form C-104) Santa Fe, New Mexico Revised 7/1/57

## REQUEST FOR (OIL) - (GAS) ALLOWABLEN 2 1 1960 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.

				Artesia, New Eexico 1/15/60 (Date)
				NG AN ALLOWABLE FOR A WELL KNOWN AS:
≝ <b>lw</b>	yn C.	Hale	& Med b	el A. Hale Hale FWGU No. 1 , in SW 1/4 NE 1/4,
G	(Compan			, T19.3, R.30.展, NMPM.,
*	ădd	<b>y</b>		County. Date Spudded 12/27/60 Date Drilling Completed 1/6/60
Please indicate location:				Elevation 3505 Total Depth 3330 PBTD
D	C	В	A	Top Oil/Gas Pay 3082 Name of Prod. Form
	•		"	PRODUCING INTERVAL -
E	F	G	H	Perforations 3082-3111 Depth Depth
	•		*	Open Hole Casing Shoe 3317 Tubing 3060
			<u> </u>	OIL WELL TEST -
L	K	J	I	Choke Natural Prod. Test:bbls.oil,bbls water inhrs,min. Size
				Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of
M	N	0	P	load oil used): 48 bbls.oil,bbls water in 24 hrs,min. Size 1/4
	İ			GAS WELL TEST -
1-19-30/980/NFE				
Tubing Casing and Cementing Recor			nting Recor	Method of Testing (pitot, back pressure, etc.):
Sin	ť	Feet	SAX	Test After Acid or Fracture Treatment:MCF/Day; Hours flowed
	/			Choke SizeMethod of Testing:
8 5	/8	760	75	for Amin's word much as acid water oil and
5 1	12 3	317	150	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and
				sand): 20.000 gals oil 60.000# 3d. Casing Tubing Date first new
	_			Press. 360 Press. 150 oil run to tanks 1/15/60
				Oil Transporter Cactus Pet. Co.
P			<del></del>	Gas Transporter
Remark	<b>is</b> :			
	•••••••		·····	
T h	erehu ce	etify th	at the info	ormation given above is true and complete to the best of my knowledge.
ripprovi	·		***************************************	(Company or Operator)
	OIL C	ONSER	VATION	COMMISSION By: A Layman
,	m	0/1	)	(Signature)
By: /// ~ Wruss			mis	Send Communications regarding well to:
TIME THE AND GREEN TO SEE TO THE SECOND SECO				$\sim a_{\theta}$ , $\sqrt{}}$
				Name D. Fryman
				Address Address N

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