NUMBER OF COP .S RECEIVED SANTA LAND OFFICE TRANSPORTER GAS PRORATION OFFICE

OPERATOR

HEW MEXICOLOIL CONSERVATION COMMISSION Santa Fe, New M

REQUEST FOR (OIL) - **** ALLOWARLED. C. C. ARTESIA, OFFICE

This form small 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. Gas must be reported on 15.025 psia at 60° Fahrenheit.

				Hebbs, New Mexido (Place)	July 18, 1961 (Date)		
E ARE	HEREBY RI	EQUEST	ING AN ALLOWABLE I	FOR A WELL KNOWN AS:			
				Well No. 1			
(C. LUnit L	ompany or Ope , Sec.		, T 198 , R	30E., NMPM.,	Pool		
	897	4	County. Date Spudded	7-2-61 Date Drill	ing Completed 7-4-61		
Plea	se indicate k	. 1	Elevation		PBID		
D	C B	A	Top Oil/ Pay PRODUCING INTERVAL -	Name of Prod. Form.	1749-		
E	F G	H	Perforations 1849-51	1834-361, 1808-101, 1	792-941 1777-791 1766-7		
			Open HoleOIL WELL TEST -	Depth Casing Shoe	Tubing 100		
L	K J	7.0		bbls.oil,bbls wat	Choke er inhrs,min. Size		
M	N O	P	t .	ture Treatment (after recovery of bbls.oil,bbls water i	Choke		
			GAS WELL TEST -				
198:	シューマ	(.)	Natural Prod. Test:	MCF/Day; Hours flow	redChoke Size		
ubing ,Ca	sing and Ceme	nting Reco	ord Method of Testing (pito	ot, back pressure, etc.):			
Size	Feet	Sax	Test After Acid or Frac	cture Treatment:	MCF/Day; Hours flowed		
8-5/	530	300	Choke Size Met	thod of Testing:			
				ent (Give amounts of materials use			
2-3/8	1990	390		Date first new oil run to tanks	ae≥ed1 w/1/i0# ide i 2# 		
-,-				Permian Corporation			
			1				
emarks:.			······································				
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				true and complete to the best of m			
pproved.		JUL I 9	1961	Gulf Off Gor	y or Operator)		
c	IL CONSE	RVATIO	OMMISSION	By: Ki	Science)		
	n L Os	anstl	rono	TitleArea Prod	metion Manager		
OIL AND GAS INSPECTOR V				Send Communica	Send Communications regarding well to:		
tle	UAG	**************************************		Name Gulf Gil	Serperation		
				Address Box 2167,	Hebbs, N.M.		