	1.		RECEIVED
N		RVATION COL AISSION	Perf and 7/1/57
	Santa Fe, N		OCT 2 7 1964
REQ	UEST FOR (OIL)	- (GAS) ALLOWAI	BLE New Well D. C. C. Recompletion
This form shall be submitted by	the operator before an initia	al allowable will be assigned t	to any completed Off or Gas well.
Form C-104 is to be submitted in Q able will be assigned effective 7:00	UADRUPLICATE to the s	ame District Office to which	Form C-101 was sent. The allow-
month of completion or recomplet	tion. The completion date s	hall be that date in the case of	of an oil well when new oil is deliv-
ered into the stock tanks. Gas must	the reported on 15.025 psia	at 60° Fahrenheit.	
• .	••	(Place)	(Date)
WE ARE HEREBY REQUESTIN	NG/AN ALLOWABLE FOI	()	(
IVERSON & WELCH			, inNE
(Company or Operator)	(Lesse)	GUIDA	4D.00
Unit Latter			ARTPool
BDDY.	County. Date Spudded	3/18/64 Date Dril	ling Completed IO/I4/64
Please indicate location:	Elevation 💻	Total Depth	20 PBTD 3037
	Top Oil/Gas Pay374	Name of Prod. Form	. GRAYBURG
	PRODUCING INTERVAL -		•
E F G H		-53 AND 5788-68	Depth
EFGH	Open Hole	Casing Shoe	52 Tubing 3790
	OIL WELL TEST -		Choke_
L K J I X	Natural Prod. Test: 15	bbls.oil,bbls wa	ater in <u><b>24</b></u> hrs, <u>-</u> min. Size <u>BAI</u>
	Test After Acid or Fracture	Treatment (after recovery of	f volume of oil equal to volume of Choke
M N O P	load oil used): 80 b	bls.oil,bbls water	in 24 hrs,min. Size_SVAB
	GAS WELL TEST -		
2310 5 660 E	. Natural Prod. Test:	MCF/Day; Hours flo	owedChoke Size
Tubing ,Casing and Cementing Recor	d Method of Testing (pitot,	back pressure, etc.):	
Sire Feet Sax	Test After Acid or Fractur	e Treatment:	MCF/Day; Hours flowed
8-5/8* 755 50	Choke SizeMethod	of Testing:	
	Acid on Exacture Treatment	(Give amounts of materials us	sed, such as acid, water, oil, and
5-I/2 3852 I50	sand):	▲	· · · · · · · · · · · · · · · · · · ·
	Casing Tubing	Date first new oil run to tanks	I0/22/64
		NEW MEXICO PIE	
		TPE PETROLEUM C	\`\
Remarks:			-
LPARE ATL CHRANKS	BRERARAS ATAXS	1	
On same unit w	ith well no	3	
I hereby certify that the info	ormation given above is true	and complete to the best of a	my knowledge.
Approved	4, 19	LISESUN A	Int of Operator
		- LIDONO N	COLDENNIK
OIL CONSERVATION		By:	Signature)
m. M.P. Orman The	eng.	Title	
By:		Send Communic	ations regarding well to:
Title	¥	Name IVERSON	& WELCH
· · , ·	• . •	·	
		Addres	ARTERIA, NEW MEXICO

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	ARTESIA DISTRICT OFFICE		
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