NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

(Form C-104. Ravised 7/1/57

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 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.

			(Place) New Mexico				5/11/60 (Date)		
			NG AN ALLOWABLE FO						
(Company or Operator)		rator)	Harvey (Less)	, Well No	1	, i n.	NE!/4	Saj ¹ /4	
Unit Lat	Sec	21.	., T <u>18N</u> , R3w	, NMPM.,	Und	esignate	d	P00	
Please indicate location:			County. Date Spudded	4-2-60	Date D	rilling Con	apleted .	-5-5-60	
			Elevation	Total	Depth	1040	PBTD_		
D (C B	A	Top Oil/Gas Pay 990	Name o	of Frod. F	orm.	-Nesaver	do	
			PRODUCING INTERVAL -				•		
E i	F G	Н	Perforations	0-1000 Depth	·		Depth		
			Open Hole	Casing	Shoe	1031	Tubing	1001	
	K J	I	OIL WELL TEST -					Choke	
,	X		Natural Prod. Test:	bbls.oil,	2bbls	water in	24 hrs,		
,			Test After Acid or Fractur					Choke	
4	N O	P	load oil used):b	bls.oil, 12	_bbls wat	er in 24	hrs,	min. Size	
			GAS WELL TEST -						
			. Natural Prod. Test:	MCF/D	av: Hours	flowed	Choke S	Size	
ing Cas	ing and Ceme	nting Recor							
•		Sax	Test After Acid or Fractur						
			Choke Size Method						
7	108	10							
74	1091	100	Acid or Fracture Treatment	(Give amounts of	materials	used, such	n as acid, w	ater, oil, and	
			sand): SOF 365 nbarrels D30, COOF neward						
2**	1001	<u> </u>	Press. Press.	oil run to	tanks	4-21-60			
			Oil Transporter	McNess Corp.	······································			-7/7×	
			Gas Transporter				10.	12 CH	
narks:	• • • • • • • • • • • • • • • • • • • •	••					1	7	
••••••		•••••	***************************************					2 10 X	
		•••••	***************************************					C 30	
I hereb	by certify th	at the info	rmation given above is true	and complete to	the best	of my knov	viedge. No	" " 1 /	
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OI	L CONSER	RVATION	COMMISSION	By:	ast	A.L.L.L.	A TA	111	
Origi	nal Signe	ed Emer	y C. Arnold	Title					
_				Send	Commu	nications r	egarding we	ell to:	
e Supe	rvisor Dist.	# 3	<u> </u>	Name	nate-L	Harvan	···		
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STATE OF NEW MEXICO
OIL CONSERVATION COMMISSIO..

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GAS

CS. P.H. O'TICE

O'FERATOR