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NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
Revised 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 QUADRUPPLICATE 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.

Farlington
(Place)

10-5-62
(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

R. L. Layless, Patsy, Well No. N-20, in SE 1/4 SW 1/4,
(Company or Operator) (Lease)
T-7N, R-11, NMPM, Puerto Chiquito Pool
Unit Letter

County. Date Spudded 9-15 Date Drilling Completed 10-3
Elevation 5984 Total Depth 2239 PBD --

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

Top Oil/Gas Pay 2126 Name of Prod. Form. Culture

PRODUCING INTERVAL -

Perforations
Open Hole 1275-2239 Depth Casing Shoe 1275 Depth Tubing 2100

OIL WELL TEST -

Natural Prod. Test: 14 bbls. oil, 0 bbls water in 24 hrs, - min. Size 2
Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used): bbls. oil, bbls water in hrs, min. Size

GAS WELL TEST -

Natural Prod. Test: MCF/Day; Hours flowed Choke Size

(FOOTAGE)
Tubing, Casing and Cementing Record

Size	Feet	Sax
4 5/8	40	30
7"	1275	
2"	2100	

Method of Testing (pitot, back pressure, etc.):

Test After Acid or Fracture Treatment: MCF/Day; Hours flowed

Choke Size Method of Testing:

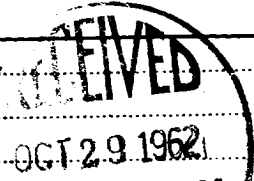
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand):

Casing 0 Tubing 10 Date first new 10-5-62
Press. Press. oil run to tanks

Oil Transporter Poutz & Sons

Gas Transporter

Remarks: To test well natural - will complete at later date



I hereby certify that the information given above is true and complete to the best of my knowledge.
Approved: OCT 29 1962, 19, R. L. Layless, COM.

OIL CONSERVATION COMMISSION

By: [Signature] (Signature)

By: [Signature]

Title: Send Communications regarding well to:

Title: Supervisor Dist # 3

Name: R. L. Layless
Box 1541 - Farlington, N.M.