NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

(Form C-104) Revised 7/1/57

New Well Recompletion

REQUEST FOR (OIL) - (GAS) ALLOWABLE

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.

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	gr Mobil (Company or		y, Inc.	.Havajo!!	'≜ ", Wel	ll No21	, i n	B		1/4,
			., т 31.и	\— <i>,</i>	, NMPN	d.,Hore	saboe .Ga	llup	***************************************	Pool
Umit	Lotter									
San J	100	····	County. Date	Spudded	11-17-59	Date	Drilling Co	npleted	11:24:	59
P	lease indicat	te location:				Total DepthName of Prod.	_			
D	С	В А	PRODUCING INTE	RVAL -						~
E	7	G H	-			O. 1597-16 Depth Casing Shoe		Denth	16201	
L	K	JI	OIL WELL TEST Natural Prod.		bbls.oil	, <u> </u>	is water in .	<u> </u>		Choke Siże
2070 M		0 P	Test After Act	id or Fractur	e Treatment	(after recover	ry of volume	of oil eq	ual to volum Choke	me of
	186		GAS WELL TEST	-						-
						MCF/Day; Hours				
- •	_	Community Record				re, etc.):				
Size						' <u> </u>				
8 5/	8= 99	80				1				
5 1/	'2" 164'	7 100		047 8	10.00	nts of material		iii. non#		
2"	161) Tubing	Casing Press150	Tubing Press	oil	ffrst new run to tanks	1-19-60			
<u> </u>			Ges Transports	r Rlas	-ad			1	11/12	
Remarks	Gravit	y 112° e 60'	• p	00B. 142/1		*********************		AL	PTACT	J
								JA.	N27 196	je Zas
T ha	ereby certify	that the infe	ormation given a	bove is true	and comp	lete to the best	of my know	WINDIL	CON. CC	1 TM 1
	d	damı	ary 200	, 1960	Sec	my Mahali G	mpany or O	perator T	DIST. 3	
			COMMISSION	V + P	By:		(Signatur	reke		
By: Original Signed Emery C. Arnold Supervisor Dist. # 3					Title					
Title	·····		***************************************	** \$2********	Name	Jacony Habi	1.011.0	mbert.	Inc	
					Address.	Box 2406,	Hebbs. N	lew Next		

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