## NEW EXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

## REQUEST FOR (OIL) - (GAS) ALLOWARD CARRIED

New Well

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 G-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.

			Artesia, New Maxico		10-	_	
E ARE H	EREBY R	EOUESTI	NG AN ALLOWABLE	(/	OWN AS:		(Date)
		_	. Carper Superio			<b></b>	4 NE 1/4
(Con	npany or Op	erator)	(1	case)			•
G Val Lat		17	T 135 R 3	7. <b>F</b> , NMPM.,	Caprock Qu	86n	Poo
<b>~</b>			County. Date Spudd	9-20-47	Data Dullian	lempleted	10.4.87
				Total			
Please	e indicate l	ocation:		3067 Name o			
D	C B	A		Name (			<del></del>
	I		PRODUCING INTERVAL -	00/7 70			
E	PG	H	Perforations		· · · · · · · · · · · · · · · · · · ·	Depth	<del></del>
		"	Open Hole	Casing	Shoe <b>3097</b>	Tubing_	3038
	×		OIL WELL TEST -				the way by the contract
L 1	J	I	·	none bbls.oil,	bhle water in	n hre	Choke min. Siże
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M 1	1 0	<del>  p  </del>		racture Treatment (after	-	•	Choke
·   ·			load oil used):	bbls,oil,0	_bbls water in	14 hrs,	_min. Size2
		<u> </u>	GAS WELL TEST -				
			- Natural Prod. Test:	MCF/Da	y; Hours flowed	Choke	Size
bing Casi	ing and Come	nting Reco	_	tot, back pressure, etc			
Size	Feet	Sax		acture Treatment:			· · · · -
		<del></del>	1				
5/8	217.5	150	Choke Size	Method of Testing:			
1/2	3098.7	125	Acid or Fracture Trea	tment (Give amounts of	materials used, su	ch as acid,	water, oil, and
1/2	3070.77	140	sand): A. w/250	pal ma, and free	w/10_000 and	en eneda	10 000EM
2° thg.	3038		Casing O Tubi	ng Date first oil run to	new 10-18-	7	,
		ı		<u>Cities Service Pipe</u>	-Tipe-Index:		······································
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marks:		**************	***************************************	2121		g	**********************
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I hereby	y certify th	at the info	ormation given above is	true and complete to	the best of my kno	owledge.	
			, 19	C	illing Co., Inc	<b>a</b> j	
•				<b>*</b> .	(Company or C	Opedator)	
OII	L CONSER	VATION	COMMISSION	Ву:	and Kee	17 auta	
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