NEW MESONO 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. Rorm 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 date of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit. THEACO Inc.

			Linebry NCI-2 , Well No 5 , in
Unit La	Sec.	29	, T22_8 ., R38_8, NMPM.,
	e indicate l		County. Date Spudded. Feb. 22, 1917 Date Drilling Completed April 29, 1949 Elevation 3390* PBTD 63921
	СВ	A	Top Oil/Ges Pay 6121. Name of Prod. Form. PRODUCING INTERVAL -
E	F G	H	Perforations 6221 to 6176 and 6193 to 6213 Depth Open Hole Casing Shoe 6870 Tubing 6018
,	K J	I	OIL WELL TEST - Choke Natural Prod. Test: bbls.oil, bbls water in hrs, min. Size
I .	N O	P	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 -
3 3/8	270	300	Choke Size 21./61. Method of Testing: Back Pressure (88:30 & 25 BW during:
3 3/8 8 5/8	270 2537	300 1000	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand):
5 1/2	6911	Jioo	Casing Tubing Date first new oil run to tanks February 10, 1960 Oil Transporter Teams New Mexico Pipe Line
2 1/16	6005	<u> </u>	Gas Transporter
31 to 1-18,00	6213* 0-1bee	Acidise	O.D. Casing with 2 jet shots per foot from 612h to 6176, and with 1000 gals. 15% acid, followed with 15,000 gals. refined cill. 5 NPM ormation given above is true and complete to the best of my knowledge.
OV M	CONSER	VATION	COMMISSION By: (Signature)
e			Title Assistant District Superintendent Send Communications regarding well to:
	······································	*****************	NameJ. G. Rievine, D.
			Address

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