YICO OIL CONSERVATION COMMIC Santa Fe, New Mexico FOR (OIL) - (GAC) ALLOWABLE 7 1960 New Well Recompletion

REQUEST FOR (OIL) - (GAS) ALLOWARIE 7

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 C3 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.

			Abilene, Texas (Place)			11-28-60 (Date)	
VE ARE H	EREBY F	REQUESTI	NG AN ALLOWABLE FO	OR A WELL KN	OWN AS:		
	P. Duni		Denius-Fede:		5, in	NE /4 SW /4,	
	Se	-	, T 175, R33E	2, NMPM.,	Corbin Abo	Extension Pool	
La		4.47594664	County. Date Spudded				
Pleas	e indicate	location:	· ·	-		PBTD 9838	
D	C B	Å	PRODUCING INTERVAL -	Name o	of Prod. Form-	Abo Reef	
			Perforations	706 - 8730			
E	F G	H	Open Hole	Depth Casing	g Shoe 8875	Depth Tubing 8870	
L	K J	I	OIL WELL TEST -	bble oil	bble water in	Choke hrs, min. Size	
		ŀ			-	e of oil equal to volume of	
M	N O	P				Choke A hrs,O min. Size_32/	
			GAS WELL TEST -				
**			_ Natural Prod. Test:	MCF/Da	ay; Hours flowed	Choke Size	
tubing Cas	ing and Cer	menting Reco					
Size	Feet	Sax				/Day; Hours flowed	
··							
13 3/8"	312	340			andreas de la companya del companya de la companya del companya de la companya del la companya de la companya d		
8 5/8"	4216	1680	Acid or Fracture Treatmen	t (Give amounts of	materials used, suc	ch as acid, water, oil, and	
<u>n 5/6"</u>	9610	1000	sand): Washed per	forations with	h 500 gallone	of mud acid.	
4 1/2"	8875	200	Press. 0 Press.	350oil run to	tanks 11-22-6	00	
			Oil Transporter The	Permian Cor	rporation		
2 3/8"			Gas Transporter Phi	llins Petrole	um Company		
emarks:		••••		*			
			***************************************	*************			

I hereb	y certify 1	that the infe	ormation given above is tru	e and complete to	the best of my kno	wledge.	
			, 19		P. Dunigan (Company or C	***************************************	
OI	L CONSE	ERVATION	COMMISSION	By:	(Signatu:	re)	
M.	Ž. 7	/ / /	/	milit Comme	, J		
y: Mach Die Control of the following				TitleSuperintendent			
itle	·	·		NameJan	nes P. Duniga	an	
				Address81.0). Citizens Nat	ll Bank Bldg.	

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