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NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe. New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWAPLE

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 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 recompletio. The completion date shall be that date in the case of an oil well when new oil is deliveported on 15.025 osia at 60° Fahrenheit

Comp	oany or Oper	itor)	ornia S	(Lesse)	Corbi	n-Abo	••	Pool
Unit Lette	, Sec '	32	T 17-8. , R.		1PM.,	***********	Samuel and a	- 98 1
Lea	•••••			AUGUST	I A 1902 Date	Drilling Com	MAKE ETD-88	
Please	indicate loc	ation:	Top Oil/Gas Pay	8718'	Name of Prod.	Form. Ab	0	
D G	В	A	PRODUCING INTERVAL					
				2766	-88001			
E F	G	H	Open Hole		Depth Casing Shoe 8	804.381	Depth Tubing 8660.68	
			OTI WELL TEST					
L K	J	I	Natural Prod. Test	t: 41 obls	.oil, 0 bb:	ls water in _	5 hrs, 0 min.	. Size 16 /
				- Emachuma Ireat	ment (efter recove)	ry of volume	of oil equal to vo	lume of
MN	0	P	load oil used):	288 bbls,oil	, O bbls wa	ater in 24	_hrs,min. Si:	ze_ <u>18/6</u> 4
			GAS WELL TEST -					
0' FSL	a 1650' 1	rvi.	Natural Prod. Tes	t:	MCF/Day; Hour	s flowed	Choke Size	-
F) Casi, Casi	ng and Gemer	ting Recor			essure, etc.):			
Size	Feet	Sax	Test After Acid o	r Fracture Treat	.ment:	MCF/1	Day; Hours flowed	
11-3/4"	338.13	400	Choke Size	Method of Tes	ting:			
			Acid on Fracture	Treatment (Give	amounts of materia	ls used, such	n as acid, water, o	il, and
8-5/8"	3096.68	500	sand): Acidised	WITH JUL	O to Finat DOW			
4-1/2"	8792.11	600	Casing Press. Packer	Tubing Press. 390#	Date first new oil run to tanks	October	11, 1962	
			Cil Transporter	lexas-Hev Me	xice Pipe Lin	e Company	<u> </u>	
e" EUE	8650.881		Gas Transporter_	Phillips F	etroleum Comp	en'i		
emarks:								
			***********************		***************************************			
	•••••				complete to the bes	st of my know	wledge.	
I hereb	y certify th	at the info	ormation given abor	ve is true and t			4.44.44.44.4	
pprov e d				1.J		Company or O	perator)	
Ωī	L CONSE	NOITAVI	COMMISSION	В _У :	C. 70	(Signatur	e)	
	///				Production	. Clerk		
y://	/				Send Comn	nunications i	regarding well to:	
Ç.,					me Union Oil	Company (of California	
itle	1.							