## NEW MEXICO 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. 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 newfil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

				Midland, . Tex (Place)	8.5	March 2	5,1958
WE ARE	HEREBY I	REQUESTI	ING AN ALLOWABLE		OWN AS:		(Date)
Zegete	Petroles	m Corpor	ation Phillips-St	ate"C"., Well No	<b>.1</b> , ir		<b>SW</b> 1/4
"L"	Se	•	, T <b>17-5</b> , R3	•	Mal jamer		Poo
Um. 2							
			County. Date Spudde	ed2/.10/58	Date Drilling	Completed	2/17/58
Please indicate location:			Top Oil/Gas Pay				4455
D	C B	A	PRODUCING INTERVAL -			makonna	
			Perforations				
E	F G	H	Open Hole hbo7 hb	Depth	g Shoe hko7	Depth	
			OIL WELL TEST -	Castin	3 21106 1127	Tubing	
L	K J	I					Choke
			Natural Prod. Test:				
M	N O	P	Test After Acid or Fra			· ·	<b>O</b> 1 1
			load oil used): 52.5	bbls,oil, _ <b>55.8</b>	_bbls water in _	hrs,	min. Size
			GAS WELL TEST -				
			Natural Prod. Test:	MCF/D.	ay; Hours flowed _	Choke S	i ze
tubing "Ca: Sire	sing and Cer Feet	menting Reco	rd Method of Testing (pit	ot, back pressure, etc	.):		
		Test After Acid or Fra	acture Treatment:	MCMC	F/Day; Hours f	lowed	
8 5/8	351	175	Choke SizeMe	thod of Testing:			<del></del>
- 1/a	1.1		Acid or Fracture Treat	ment (Give amounts of	materials used, s	uch as acid, wa	ater, oil, and
5 1/2	4427	100	sand): 3000 Gel Tubio	15% Acta: 10.000	7 1/24	*****/soo	<u> </u>
			Casing Tubin Press. 3150 Press	g pate inst	new	•	•-
	1	1	Cil Transporter Texs			• -	
_2	4430		Gas Transporter			a pac o as a s	
emarks:					•••••		
· • · · • • • · · · · · · · • • • • • •		•••••	•••••	•••••			
	•	****************	•••••	•	••••••		
I herel	by certify t	hat the info	ormation given above is	true and complete to	the best of my kn	owledge.	
pproved			, 19	Zagata	Petrolem Co	rporation	<u> </u>
				(	(Company br	Operator)	X
O	IL CONSE	RVATION	COMMISSION	Ву:	(Signatu		
. 1	6 / Su	1/1			, (Signati		
/:( <u></u>	1/1			TitleSend	Communications	regarding wel	ll to:
tle	<i>y</i> :	· 野 科は	·				
				Name. Zapaa.	Petrolem Co	rporation	
				Address.P.O.	Box 3195 - N	idland, Te	zas