NEW MCXICO 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 new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

				,	Eunice	, New Mexi	co 1-12-6	
	CDEDV P	EOUESTI	ING AN ALLOWABLI	(Place) FF∩DAWFIIK	NOWN AS		(Date)	
Newill	A C. Pa	an maga	The William	10	2	, in N.W.	SE 4.	
J (Cor	mpany or O	crator)	18 S , R 3	Lease) 3 E NMPM	Corbin		Pool	
unt Lea	, 3ec		, 1, K	12-4-61		1	2-13-61	
			County. Date Spud	ded L. Tot	al Depth	DE Completed -		
Pleas	e indicate	location:	Top Oil/Gas Pay 41	31 Nam	e of Prod. Form.			
****** ******	C B	A	PRODUCING INTERVAL -					
E	F G	Н	Perforations Open Hole	Д-41 Дер Саз	th ing Shoe 417	9 Depth Tubing		
L	K J	I	OIL WELL TEST -	bbls.oil,	bbls wate	er in hrs.	Choke min. Size	
м	X N O	P	Test After Acid or F	Fracture Treatment (af bbls.oil,	ter recovery of w	volume of oil eq	ual to volume of	
			GAS WELL TEST -	DD15,011,	DDIS WATER IN	·	m111. S12e	
			Natural Prod. Test:_	MCF	/Day; Hours flowe	edChoke	Size	
•		enting Reco	<pre>prd Method of Testing (p</pre>	oitot, back pressure,	etc.):			
Size	Feet	SAX	Test After Acid or F	racture Treatment:		MCF/Day; Hours	flowed	
8 5/8	248	125	Choke Size	Method of Testing:				
5 ₺	4179	175	1	atment (Give amounts				
2 2/4	1110	<u> </u>	sand): 10,000 G	al. Ref. Oil	20,000# st new	sand, 250	Gal. Spear Head Acid.	
2 3/8	4149	 	Press.250 #_Pre	ess. 50 # oil run ex. New Mexic	to tanks	-62		
			1		O LTDE DI			
lemarks:			Gas Transporter V	eaced				
temarks					•••••			

I hereb	by certify t	hat the infe	formation given above i	is true and complete Nevil	to the best of my	knowledge.		
pproved	······		, 19.		(Company	or Operator)	·····	
OI	L CONSE	RVATION	N COMMISSION	Ву:		zature)	<u>(</u>	
lure /	/			Title Off	ice Manage	r		
Sy:				Se Ne	Send Communications regarding well to: Neville G. Penrose, Inc.			
				NameBox		ice. New	Mext co	