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U. 8. G. S		† - 						
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NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexics

(Fo.m C-104) Avised 7/1/57

REQUEST FOR MEDE) - (GAS) ALL WAPLE

New Well

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.

		_	•		dland, Tex	1.5	June	21, 1961 (Date)
E ARE H	EREBY R	EQUESTI:	NG AN ALLOWAR	`		AS:	Q r	• •
	mpany or Op	g Compan		(Lease)	Vell No	, in	35 ,	4
7	Sec	11	, 7 20-3 , R	34-E NM	PM. Un	icalgnated	ll may	Cat
Unit Lot	iter							
Les			County. Date Spi	idded November	# 4, 1960a	le Drilling Co	mpleted	13 8001
Pleas	e indicate l	ocation:	Elevation 3					
D	C B	A	Top A/Gas Pay		Name of Fro	d. Form.	WIII.	
			Perforations					
E	F. G	H	Open Hole	no	Depth Casing Shoe	14,360'	Depth Tubing_	12,880'
			OIL WELL TEST -					
L	K J	I	Natural Prod. Test	hhla.	1	bhle weter to	bes	Choke
M	N O	P	Test After Acid or					Choke
	" "	1	load oil used):	bbls, oil,	bbls	water in	hrs,	min. Size
			GAS WELL TEST -					
· · · · · · · · · · · · · · · · · · ·			. Natural Prod. Test	. 75 0	MCF/Day; Ho	urs flowed	4 Choke	Size 20/64
) Cas, Cas	FOOTAGE) ing and Comm	nting Recor	d Method of Testing	(pitot, back pre	ssure, etc.):	Back	Pressur	
Size	_	Sax	Test After Acid or					
16"	723	1200	Choke Size 20/64					
10-3/4	5293	3420	Acid or Fracture T	reatment (Give am	nounts of mater	ials used, suc	h as acid,	water, oil, and
			Casino	ubing Da	te first new			
7"	14360	1700	Press. Pkr.	ress674oi	l run to tanks			
			Cil Transporter					
	L	<u> </u>	Gas Transporter	Phillips Pe	troleum Co	apany		
lemarks:			,				• • • • • • • • • • • • • • • • • • • •	
			•••••	•••••				
			******	•••••				•
I heret	v certify th	at the info	rmation given above	is true and cor	nplete to the b	st of my know	vledge.	•
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Phroaed					SIP	Company or O	offator)	
Oī	L CONSE	RVATION	COMMISSION	Ву:	MA	Xough	wy	
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v:				Title	Manag	er of Prod	no Mon	all to:
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