NEY. MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

			-	_	Hebbs, New Mexico	December 14, 1954	
					(Place)	(Date)	
					OR A WELL KNOWN AS:	SW ME	
orbon-	rrichard	verstor)	oration	DF1.UU (Lease)	, Well No	, in	
G	Se	c. 7	T. 208	R 37E	NMPM. Eumont	Pc	
(Unit	1						
	ies		County. Da	te Spudded	, Date C	ompleted December 8, 1954	
Plea	se indicate	location:					
			Elevatio	n 3568	Total Depth	P.B. 3476	
			Top oil	/gas pay	3135 1135–55 ; 3165–70 ; 3225	rod Form 44.55 -80: 3280-95:	
		x	Casing	Perforations:	3310-20; 3385-98; 3405	-15	
			Depth t	o Casing sho	e of Prod. String		
			Natural	Prod. Test		ВОР	
<u> </u>	i		based or	n	bbls. Oil in	HrsMir	
			Test aft	er acid or sho	ot	ВОР	
Casing	and Cemen	ting Record	TD ol - o.	_	hhla Oil in	HrsMiı	
Size	Feet	Sax					
13	2115	250	Gas We	ll Potential	5900 MCF Per Day Abso	olute Open Flow Potenti	
			Size cho	ske in inches			
9-5/8	2467	762	j oze one	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
7 3800 375 Date first oil run to tanks or g				anks or gas to Transmission sy	s or gas to Transmission system:		
<u></u> -	7000		Transpe	Transporter taking Gas: Permian Basin Pipe Line Company			
			Transpo	ofter taking -	on of Gas		
marks:							
_							
I herel	by certify t	hat the info	rmation given	above is true	e and complete to the best of n	ny knowledge.	
proved				, 19	Anderson-Prichard (Oil Corporation	
					, -	<i>3</i> 7 3	
OI	IL CONSE	RVATION	COMMISSIO	N	By Sign	Signature)	
. X	G	The	neer		Title District Engl	DOOR	
/		V.			> Send Communica	ations regarding well to:	
le		•••••			Name L. H. Foster		
						obbs. New Mexice	