NEW M. .CO OIL CONSERVATION COMMISS N Santa Fe, New Mexico

(Form C-194)
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 Q2 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.

| into the st | ock tanks | . Gas must | be reported on 15.02 | HODE | os, New Mexico | 9 | 9-10-63 (Date) |
|------------------|--|-------------|---|-----------------------|------------------------------|----------------|--|
| | FDV DE | OUESTIN | G AN ALLOWABI | LE FOR A W | ELL KNOWN A | S: | |
| AKE HER Citio | .EDI KE • Sarvi | ce Dil 6 | 20. | State.K, | Well No5 | n., in | SE14NE1/4, |
| . ~ | | | | (LCASC) | | 11/1/1/19 | A A F |
| H | , Sec | 2.7 | T, R | 35E, NI | MPM., Undes | ignated | F001 |
| | | | | | | | PBTD 6194 |
| | | | 1 | 722 UL | 2000. 207. | | |
| Please in | ndicate lo | cation: | Energe 11/Con Pay | 6116 | Name of Prod. | Form. | esignated the |
| DC | В | A | | | | | Pallor - ly |
| | | | PRODUCING INTERVAL | | 4- 4-010 | | Juk |
| | | | Perforations 617 | 8-90; 6152 | -65: 6128-42: | 6116-24 | Depth |
| E F | G | H | Open Hole | | Depth Casing Shoe | 8944 | Tubing 6122 |
| 1 | Ì | • | OIL WELL TEST - | | | | a. . |
| L K | J | TI | | | - ail • bh | ls water in | Choke hrs, min. Size |
| - - | | | Natural Prod. Test | · | , | | of ail agual to valume of |
| | | | Test After Acid or | Fracture Trea | tment (after recove | ry of volume | of oil equal to volume of Choke |
| M | 0 | P | load oil used): | 376bbls.oi | , Trace bbls w | rater in 24 | hrs, 0 min. Size 16/ |
| | | | GAS WELL TEST - | | | | |
| | | <u></u> | Tool | - | MCF/Day: Hour | s flowed | Choke Size |
| | | | | / * | massuro etc.): | • | |
| ubing ,Casin | _ | _ | Method of Testing | (pitot, back p | ressure, eco., | MCE/I | Day: Hours flowed • |
| Size | Feet | Sax | Test After Acid of | r Fracture Trea | tment: | | Day; Hours flowed |
| 12 2/9 | 336 | 360 | Choke Size | Method of Te | sting: | | |
| 13 3/8 | 330 | 700 | | Frankrant (Give | amounts of materia | als used, such | n as acid, water, oil, and |
| 8 5/8 | 3187 | 1800 | 1 | | | | |
| | | | sand): 1000 ga | llons gelle Tubing | Date first new | | |
| 5 1/2 | 8944 | 926 | Press. pkr | Press. | _oil run to tanks_ | 9-6-63 | |
| | 6112 | Packer | Oil Transporter | Texas-New I | lexico Pipe L | ine Co. | |
| 2 | 0112 | racker | Gas Transporter | Phillips | etroleum Co. | · | |
| | | 1 | | 4. | 1 | | |
| lemarks: | | | | | | | ······································ |
| | ······································ | - | | ************ | | | |
| | | | | - i and | complete to the be | st of my know | wledge. |
| I hereby | certify t | hat the inf | ormation given abov | ve is true and | ities Service | Oll Compa | eny |
| Approved | | | ormation given abov | 19 | (| Company or O | perator) |
| | | | | | 101 11 | l 10. | Robertson |
| OIT | CONSE | RVATION | COMMISSION | Ву | affer | (Signatur | e) |
| | 1 | 1 | | years (| tle District | Clerk | |
| By:// | 4/ | / | *************************************** | T | Send Com | munications 1 | regarding well to: |
| XTU | | | • | | | | |
| Tiala | | | | | | | |
| 1 lue | 4 | | ••••• | | ame Mr. G. M. ddress Box 69. | | |