

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 QUADRUPPLICATE 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.

Location Permian Basin (Place) July 1, 1959 (Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Antec Oil and Gas Company (Company or Operator), Well No. 62, in 1/4 1 1/4,
(Lease)

1 Unit Letter, Sec. 13, T. 36, R. 18, NMPM, Permian Basin Pool

Permian Basin County. Date Spudded 12/1/58 Date Drilling Completed 12/1/58

Please indicate location:

D	C	B	A
<u>Y</u>	<u>F</u>	<u>G</u>	<u>H</u>
<u>L</u>	<u>K</u>	<u>J</u>	<u>I</u>
<u>M</u>	<u>N</u>	<u>O</u>	<u>P</u>

Elevation 700 Total Depth 2033 PBTD Permian Basin

Top Oil/Gas Pay 2012 Name of Prod. Form. Permian Basin

PRODUCING INTERVAL -

Perforations

Open Hole 2 2-2031 Depth Casing Shoe 2023 Depth Tubing 2 23

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____ Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used): 2033 bbls. oil, 0 bbls water in 20 hrs, 0 min. Size ---

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: _____ MCF/Day; Hours flowed _____

Choke Size _____ Method of Testing: _____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 2000 gal. 15% HCl, 1000 gal. water

Casing _____ Tubing _____ Date first new Press. _____ oil run to tanks July 1, 1959

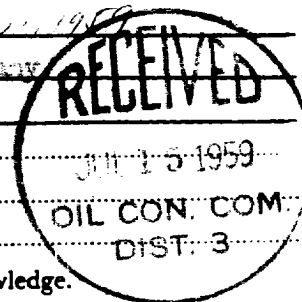
Oil Transporter Permian Basin

Gas Transporter _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>7 5/8</u>	<u>10</u>	<u>25</u>
<u>6 1/2</u>	<u>2033</u>	<u>6</u>
<u>2 5/8</u>	<u>2 23</u>	

Remarks: _____



I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved JUL 15 1959, 19____

OIL CONSERVATION COMMISSION

By: Joe C. Salmon
Title: PETROLEUM ENGINEER DIST. NO. 3

(Company or Operator)
ORIGINAL SIGNED BY JOE C. SALMON
By: _____ (Signature)

Title: Permian Basin
Send Communications regarding well to:
Name: Permian Basin
Address: Permian Basin, Permian Basin, Permian Basin

OIL CONSERVATION COMMISSION

AZTEC DISTRICT OFFICE

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