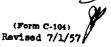
NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico



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

•			•	Dallas, Texas	November 21, 1958
VE ADE	UEDEDV	DEOLIECTI	NG AN ATTOMA	(Place)	(Date)
(E AKE . (Ebern 1	HEKEBY Inion Go	REQUESTI	NG AN ALLOWAE	LE FOR A WELL KNOWN AS Tradian , Well No. 2-17	S: (42)
(C	ompany or C	Operator)		(Lesse)	, in
M Unit L	Se	cc. 17	T. 31.11 R.	(Lesse) 16W , NMPM., Verde Gal	lap Po
				1dded 9-6-58 Date D	10-26-58
	,	location:	Elevation	5725 Total Depth 27	PRTD
·		<u> </u>	Top Oil/Gas Pay	Name of Prod. Fo	orm. Gallup
ם פ	C		PRODUCING INTERVAL		
		_	Perforations #	485-2528; 2555-2655	
E	F G	H	Open Hole	Depth Casing Shoe	Depth 2671
			OIL WELL TEST -		rubing
L	K J	I			Chok
		·		bbls.oil,bbls	
M	N O	P	Proped	Fracture Treatment (after recovery	of volume of oil equal to volume of Choke
•			10ad oil used):	O bbls.oil, Neme bbls water	oke, 2" x 1; X 10 Si Inm
				MCF/Day; Hours i	FlowedChoke Size
ubing ,Cas Sire	ing and Ger Feet	menting Recor Sax	Method of Testing	(pitot, back pressure, etc.):	
	1	SAX	Test After Acid or	Fracture Treatment:	MCF/Day; Hours flowed
3-3/8	81	70	Choke Size	_Method of Testing:	
5-1/2	2734	125	Acid or Fracture Tr	eatment (Give amounts of materials	used, such as acid, water, oil, and
)~L/E	=13-	147	1	. eil & 20,000# sand	· · · · · · · · · · · · · · · · · · ·
2 **	2671		Casing Tu	bing Date first new ess. oil run to tanks	11-20-4
		 	= ₹	1 Paso Natural Gas Produc	
		<u> </u>	·		
marks:	••••••				
•••••	**************	*************************			REPOR
	************	•••••	******************************		/ 1/35///
I hereb	y certify t	hat the info	rmation given above	is true and complete to the best of	my knowledge
proved	************	NOV 26 1	959, 19	SOUTHERN UNION GAS	COMPANY
			·	Ungmai SignColn	
OIL CONSERVATION COMMISSION				By: L. S. MUENNIN	(Signature)
	inal Sig	ned Emer	ry C. Arnold		
		***************************************	***************************************		cations regarding well to:
tle Supervisor Dist. #.3					
				Name A. M. Wieder's	
				Address 1001 Burt Bld	g., Dallas, Texas