## NEW N ICO OIL CONSERVATION COMMIS IN Santa Fe, New Mexico

(Form C-104) Revised 7/1/57

## REQUEST FOR (OIL) - (COM) 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.

						(Plac	. <b>Midland</b> c)	. <b>Texas</b>	Tebruary	(Date)
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(	Compan				(Lene)					4 <b>NR</b>
		, Sec.		., T <b>9~\$</b>	, R <b>37<del></del></b>	, NMPI	M., <b>W114</b>	<b></b>		Pool
										<b>n.</b> 11, 1961
		dicate le		Elevation	4038		_Total Depth_	<b>IE 973</b>	PBTD	9725
				Top Oil/Gas I	Pay9671		Name of Prod	Form.	men "C"	
D	С	B		PRODUCING IN	TERVAL -					
		X		Perforations		967	1 - 967	3		
E	P	G	H	_			Denth		Depth Tubing	511
				OIL WELL TEST						
L	K	J	I		-	- bbls.oil	. <b>100</b> bl	hls water in	2 hrs.3	Choke min. Size
										al to volume of
M	N	0	P							Choke
				load oil used): 110 bbls.oil, 100 bbls water in 24 hrs,min. Size Promp						
				GAS WELL TEST	-					
					. Test:		_MCF/Day; Hou:	rs flowed	Choke	Size
		_	nting Recor							
Size		Feet	Sax	Test After A	cid or Fractur	re Treatment	•	MCF	/Day; Hours	flowed
1.0.20		607	350	Choke Size	Method	d of Testing	11			
10=3//				Acid on Eract	ure Treatment	(Give amou	nts of materia	ls used, su	ch as acid,	water, oil, and
7-5/8	4	288	1050		250 cal_a					
		-	1 00 <sup>-</sup>	Casing	Tubing	Date	first new	Tahrutry	8. 1961	
4-1/2	2 9	719	100							
2-1/2		511	•							
	_			Gas Transport	terNet	NO				
Remarks		- <b>Fhis</b> -		) cu. ft./b	<b>510-55</b> 18: 61.	-050111	CO	••••••••		
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I he	reby ce	ertity th	at the inio	rmation given	above is true	c and comp	nt Vesters	Brillin	e Company	<b>y</b>
Approved					, 19		(-			
		ONÉEE	VATION	COMMISSIC	N	Bv :	Office	U.S.		Q.N.C.Teve
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By:	lel	c /	7 - ()	lement		Title	Administre	tive Coo	rdinator	
/							Send Comm			
Title	••••••		\$1 y -	•••••••••••••••••	·····	Name	Great Wes	tern Dri	11ing Co	<b>IPARY</b>
						Address.	Box 1659	. Midlar	d, Texas	

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