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TRANSPORTER	OIL	
	GAS	
PROBATION OFFIC	E	

NEW MEXICO OIL CONSERVATION COMMISSION (Form C-104) Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWAPLE

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 recompletioi. The completion date shall be that date in the case of an oil well when new oil is delivered, into the stock tanks, Gai must be reported on 15.025 psia at 60° Fahrenheit.

(Place) (Date) (Place) (Date) WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS: Western Drilling Coe Great Western Fede. Well No. 1	d into th	ie stock tank	s. Gai mus	Midland, Texas 12-24-64
Western Drilling Co. Great Western Fed. Well No. 1 , in. SW. 14. S				(Place) (Date)
Western Drilling Co. Great Western Fede. Well No. 1 , in. SW. 14.	E ARE H	IEREBY RE	EQUESTI	NG AN ALLOWABLE FOR A WELL KNOWN AS:
(Company or Operator) (Lease) M , Sec. 287E. / T. 9-S., R. 38E., NMPM., Sawyer San Andres Pool Unit Later County. Date Spudded March 22,1958 Date Drilling Completed April 26,19 Please indicate location: Elevation_3924 Total Depth_5036 PBTD	Wester	n Drillin	g Co.	Great Western Fed., Well No. 1, in SW 1/4. SW 1/4,
Less April 26,15 Less County. Date Spudded March 22,1958 Date Detiling Completed April 26,15 Please indicate location: Top 011/Gas Pay 4910-5010 Name of Frod. Form. San Andres PRODUCING INTERVAL - P G H Perforations 4964-5010 Depth Depth Depth E F G H Perforations 4964-5010 Depth Depth Depth Depth I K J I Open Hole Casing Shoe 5036 Tubing 5005 M N O P Open Hole Casing Shoe 5036 Tubing Cols M N O P Item After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke Natural Prod. Test: MCF/Day; Hours flowed Choke Size Natural Prod. Test: MCF/Day; Hours flowed Choke Size	(C		rator)	(Lease)
Lea County. Date Spudded March 22,1958 Date Drilling Completed April 26,19 Please indicate location: 3924 Total Depth 5036 PBTD D C B A Top 011/Gas Pay_4910-5010 Name of Frod. Form. San Andres PRODUCINS INTERVAL - Perforations 4964-5010 Depth Depth Depth Coold	فتقرآ متحدي	ther		
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E F G H Open HoleCasing Shoe_5036 Depth Tubing_5005 L K J I Open HoleCasing Shoe_5036 Tubing_5005 L K J I Natural Prod. Test:bbls.oil,bbls.water inhrs,min. Size_ M N O P Istant of the construction of the cons	D	C B	A	PRODUCING INTERVAL -
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Natural Prod. Test: bbls.oil, bbls.water in nrs, min. size M N O P rest After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of choke load oil used): 35 bbls.oil, 6 bbls water in 24 hrs, min. Size 10e M N O P add oil used): 35 bbls.oil, 6 bbls water in 24 hrs, min. Size 10e GAS WELL TEST - Natural Prod. Test: MCF/Day; Hours flowed Choke Size 10e Natural Prod. Test: MCF/Day; Hours flowed Choke Size 10e Surr Fret Sax Test After Acid or Fracture Treatment: 1500 MCF/Day; Hours flowed 24 S 5/8 364 200 Choke Size 10/64 Method of Testing: Pitot Size 5036 300 acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and and): acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and and): 2 3/8 5005 Frees. 1575 Press. 1250 oil run to tanks 12-26-64		K J	+	Choke
M N O P load oil used):35bbls,oil,6bbls water in _24_hrs,min. Size_10-6 GAS WELL TEST - Natural Prod. Test:MCF/Day; Hours flowedChoke Size Water No. Natural Prod. Test:MCF/Day; Hours flowedChoke Size Water No. Natural Prod. Test:MCF/Day; Hours flowedChoke Size Natural Prod. Test:MCF/Day; Hours flowedChoke Size Sure Fret Sax B 5/8 364 200 Size 10/64 Method of Testing: Pitot Choke Size O Method of Testing: Pitot B 5/8 364 200 Choke Size 10/64 Method of Testing: Pitot Choke Size 10/64 Method of Testing: Pitot B 5/8 364 200 Choke Size 10/64 Method of Testing: Pitot Choke Size 10/64			-	
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is the and complete to the best of my knowledge.			·····	it is a shown in this and complete to the best of my knowledge.
I hereby certify that the information given above is true and complete to the best of my knowledge.				
Approved	.pproved		•••••••	(Company or Operator)
BY: MILLY Stikely	-			By: M. Sith
OIL CONSERVATION COMMISSION By:	0	IL CONSE	KVATION	(Sigrature)
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