REQUEST FOR (OIL) - (CAS) ALLOWABLE

New Well

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.

						Artesia,	Artesia, New Mexico			11-29-60 (Date)	
341	្រុ	r HF	REBY RE	OUESTIN	ig an allov	WABLE FOR A	WELL KN	OWN AS:			
on	tine	ent	al 011	Company	y East Gla	adiola Unii	t, Well No	1 ,	in SE	.1/4 5W 1/4,	
	(· · · · · · ·				I LECARC I				Pool	
	Unit	Lette	, Sec •	,							
		Lea			County. Date	Spudded Z-27	7-60	Date Drillin	ng Completed	10-12-60	
	Please indicate location:			cation:	Elevation	12.078	Nama	of Prod Form	Hunton	12,120 Der Jak	
-	D	C	В	A			Maine	01 1100 . 101		, C = y	
		!	Ì		PRODUCING INTE		114- 901	r.			
_	E	F	G	H	Perforations_	12,081	Depth	10.1	Depth	12,080	
1	۱ ٔ	F		**	Open Hole		Casir	g Shoe 1693	Tubing	12,000.	
			 _	 	CIL WELL TEST					Choke	
]	L	K	: J	I	Natural Prod.	Test:bl	bls.oil, 🊅	bbls wate	r in Lin rs	,min. Size	
										qual to volume of Choke	
1	M	N	0	P	load oil used):bbls,	oil,	bbls water in	-24 hrs, -	min. Size	
			I		GAS WELL TEST			•	_,		
F	8L	å.	1980' F	WL			MCF/I	Day; Hours flowe	dChok	e Size	
Tubing Casing and Gementing Record Method of Testing (pitot, back pr											
Size Size		•	Feet	Sax		cid or Fracture Tr				s flowed	
		1		225	Choka Size	Method of					
13-3/8		3/8	348							the state and	
9-5/8		/8	4,453	1000					, such as acid	, water, oil, and	
7-770		-	.,,,,,			2000 Galle	ons Acid	new 11	17_60		
53			12.223		Press.	Tubing Press.	oil run to	tanks	-1/-00		
					Cil Transport	ter The Pel	rmian Co	rporation			
					Gas Transport	ter_ None					
Remarks:											
									••••••	•••••	
NMOCC-4 File										•••••	
I hereby certify that the information given above is to						above is true and	d complete t	o the best of my	knowledge.		
Approved											
OIL CONSERVATION					- / /	•					
				CVATION	COMMISSION By: Alternate for						
By Con Min			HBi.	[m]	7	ride Di st	rict Super	rintende	nt		
			5-1-7	K.K. C. C.C.		Ser	d Communicat	ions regarding	g well to:		
			<i></i> /			Vame	Contin	ental 01	1 Co.		
				\$		Ro	wley Bldg	, Artesi	a, N. Mex.		
						4	Address				