NEW M ICO OIL CONSERVATION COMMIS. N Santa Fe, New Mexico

(Form C-184) Revised 7/1/57

REQUEST FOR (OIL) - (GRAS) 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.

UITIES :		-	ING AN ALLOWABLE FOR A WELL KNOWN AS: State BN, Well No
(Com	npany or Op	erator)	(Lesse)
Unit Lott	, Sec.		T. 10-S., R. 32-E., NMPM, Mescalero-San Andres
Lea			County. Date Spudded 3-4-63 Date Drilling Completed 3-17-6
Please	e indicate l	ocation:	
DC	СВ	A	Top Oil/See PayName of Prod. FormSan Andres
			PRODUCING INTERVAL -
EF	F G	H	Perforations 4333-4337, 4373-4380 Depth Depth Depth
- -			Open Hole None Casing Shoe 4496 Tubing 4306
L	K J	I	<u>OIL WELL TEST</u> -
			Natural Prod. Test:bbls.oil,bbls water inhrs,min.
			Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volum
MN	N O	P	load oil used): 181 bbls.cil, 8 bbls water in 24 hrs, - min. Size
			GAS WELL TEST ~
		<u> </u>	Natural Prod. Test:MCF/Day; Hours flowedChoke Size
	ing and Ceme	anting Percent	
Sire	Feet	SAX	
7			Test After Acid or Fracture Treatment:MCF/Day; Hours flowed
3 5/8"	370	Circ.	Choke Size Method of Testing:
-1	1104	350	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil,
5 <u>2</u> *	4496	350	sand): 1500 gals reg. acid, 5000 gals gelled acid
2" EUE	4306		Casing Tubing Date first new 3-22-63
~			Oil Transporter Cities Service Oil Company - Trucks
			Gas Transporter No transporter available (vented)
	•		
emarks :		•••	
emarks :			
I hereb	y certify th	at the info	formation given above is true and complete to the best of my knowledge.
I hereb	y certify th	at the info	
I hereb	y certify th	nat the info .8	formation given above is true and complete to the best of my knowledge. ,1963 <u>Cities Service Oil Company</u> (Ompany of Operator)
I hereb	y certify th	nat the info .8	formation given above is true and complete to the best of my knowledge. , 1963 Cities Service Oil Company (fompany of Operator) N COMMISSION By: (Signature)
I hereb	y certify th	nat the info .8	formation given above is true and complete to the best of my knowledge. , 1963 <u>Cities Service Oil Company</u> (Signature) Title District Superintendent
I hereb	y certify th April L CONSEI	at the info 8 RVATION	formation given above is true and complete to the best of my knowledge. , 1963. N COMMISSION By: (Signature) Title District Superintendent Send Communications regarding well to:
I hereb	y certify th April L CONSEI	at the info 8 RVATION	formation given above is true and complete to the best of my knowledge. , 1963 <u>Cities Service Oil Company</u> (Signature) Title District Superintendent