NEW M' 'CO OIL CONSERVATION COMMISS' N Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (CAS) 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.

				Midland, Tomas (Place)	Xovente	(Date)
ARE H	EREBY R	EQUESTI	ING AN ALLOWABLE	FOR A WELL KNOWN AS Well No	: in SV	·/4 == ·/4
/Con	nnany of Oth	erabor)	(Le	ase)		
0	Sec.	5	T. 9-5 R. 32	-B, NMPM.,	niesignated	Poo
Unit Lat						
	i.a.		County. Date Spudde	d 10/19/64 Date D	CILLING COMPLETES	
Pleas	e indicate l	ocation:				
7	C B	I A	Top Oll/Gas Pay 401	Name of Prod. F	orm.	
D (PRODUCING INTERVAL -		•	
		4	Perforations 4090-8	31 4090-41001 4107-410	91 4121-23	
E	P G	H		Depth Casing Shoe		4076
			Open noie	0002119		
		+	OIL WELL TEST -			Choke
L	K J	I	Natural Prod. Test:	bbls.oil,bbls	water inhrs	,min. Size_
			Test After Acid	Treatment (after recovery	of volume of oil e	qual to volume of
M	N O	P	1 120 of 1 120d): 110	bbls.oil, Trace bbls wat	er in 24 hrs. 0	Choke min. Size 16
	•		1			
			GAS WELL TEST -			
			Natural Prod. Test:	MCF/Day; Hours	flowedChok	e Size
ibing Cas	ing and Cem	enting Reco	ord Method of Testing (pi	tot, back pressure, etc.):		
Size	Feet	Sax		acture Treatment:	MCF/Day; Hour	s flowed
	T		[ethod of Testing:		
8-5/8	363	175				
5-1/2	4255	170	Acid or Fracture Treat	ment (Give amounts of materials	used, such as acid	, water, oil, and
	7600	110	- 100 m3	MCA		
200	4076	ļ .	Casing Tubir	ng Date first new oil run to tanks	ionesher 5, 19	.
•	40.0	<u> </u>	Press Press	Sometime downward on		
			Oil Transporter 1	e Permian Corporation		
	1	1	Gas Transporter			
emarks:						
					***************************************	***********************
T 11		hat the is	formation given shove is	true and complete to the best	of my knowledge.	
		ust me m			EM CONDANY	************************
pproved			, 19	(So	npany of Operator)	
				Sur Sellet	Muy	
()	IL CONSE	RVATIO	n commission	Dy	(Signature)	
	. 10	17	100	mul. Geelleri	et	
y:,		\\\\\\	MAP	TitleSend Commu	nications regarding	well to:
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				Ben 1530,	Midland, Ten	20 79701