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		Santa	Fc. New	Mexico	(

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

REQUEST FOR (OIL) - (GAS) ALLOWARDE 30-015-03194 REPRESENTED TO STATE OF THE PROPERTY OF THE P

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 now oil is deliv-

ered in	ito the st	ock tanks.	. Gas musi	t be reported on 1.	5.025 psia a		renheit. , Jew Mex	ico	3-22-61	
						(Place		***************************************		(Date)
NE AF	RE HER	EBY RE	QUESTIN	G AN ALLOW	BLE FOR	A WELL	KNOWN	AS:		
,	пипрто	(1) &	Relinir	ng AN ALLOWA		Well	No1	, in	NE !	/4 SW 1/4
	K K	y or Oper	30	T 17-S	(Lesse)	NIMEDIA	, Empia	re Abo Una	designa	ted n
Ua	er Letter	, 3ec	• • • • • • • • • • • • • • • • • • • •	, T. 17-S , I	X	, IN IVEF IVI	Date Wel	ll Comple	tod. 3-	21 - 61
	Edd	y		County. Date S	pudded	3-2-61 [.]	Date	Drilling Com	aploted .	3-16-61
	Please in	dicate loc	ation:	Elevation	1060		Total Depth_	6360	PBTD	6320
	Eddy Please indicate location			Top Oil/Gas Pay_	6268		Name of Prod.	Form.	lho	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
ט	"		A	PRODUCING INTERV	'AL -				•	
	<u> </u>	ļ		Perforations	6263-6270	6, 6302-	-6308			
E	F	G	H	Open Hole			Denth	6359	Depth Tubing	61.53
								-	1001119	
L	K	J	I	OIL WELL TEST -						Choke
	x			Natural Prod. Te	st:	_bbls.oil,	bb	ls water in _	-hrs,	-min. Size_
M	- BT		P	Test After Acid					-	Chaka
M	N	0	r	load oil used):_	14,0 _{bb1}	s,oil,	bbls w	ater in'	Lhrs,	
				GAS WELL TEST -						14/64
	1256'	îr WL -	23141	fr SL Natural Prod. Te	set:	-	MCF/Days Hour	s flowed	Choke	Ciza
L uhing	(FOOT	AGE) and Cemen	ting Recor							
Su	•	Feet	Sax							
				Test After Acid					Day; Hours	I lowed
	S-5/S	787	1000	Choke Size	Method c	f lesting:				
	421	6347	850	Acid or Fracture	-Treatment (Give amount	ts of materia	ls used, such	as acid,	water, oil, and
	4.5	054	650							
	211	6142	-	Casing Pkr	Tubing ,	780 Date :	first new un to tanks	3-21-61		
 				Oil Transporter						
				Gas Transporter_						
Lemarl	cs : .	·		045 116/15/01 tel						
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				rmation given abo		nd comple Humble	oil & Re	tor my know Tidina Co	neage.	
pprov	ed	VIAK.Z.	91961	,	, 19			ompany or Op		
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MENER WEYLOR OIL CONSERVATION COMPESSION CLATIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE Lease apany or Operator Township County Section 17-S 30 Eddy Kind of Lease (State, Fed Fee) Pool Empire Abo Undesignated Unit Letter Section Township Range If well produces oil or condensate give location of tanks Address (give address to which approved copy of this form is to be sent) Authorized transporter of oil v or condensate The Permain Corporation Box 4157, Midland, Texas Yes_ Is Gas Actually Connected? Address (give address to which approved copy of this form is to be sent) Date Con-Authorized transporter of casing head gas or dry gas nected 30-015-03194 if Exe is not being sold, give reasons and also explain its present disposition: flared at present REASON(S) FOR FILING (please check proper box) Change in Ownership Change in Transporter (check one) Other (explain below) Oil Dry Gas Casing head gas . Condensate . . Remarks The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with. Executed this the _____ day of ___ Ву OIL CONSERVATION COMMISSION Strioved by Title

Humble Oil & Refining Company

Box 2347, Pobhs, N.N.

Address

Title

Late

SIL AND GAS INSPECTED

MAR 2 9 1961