## NE TEXICO OIL CONSERVATION COM SSION E C E I V Et Man C-104) Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLEAY 3 1 196 New Well Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any Configleted Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-181 was negt. 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.

o une ao		•	Artesia, New Mexico May 27, 19	60
			(Place) (Date	=)
E HER	EBY RE	QUESTI	NG AN ALLOWABLE FOR A WELL KNOWN AS:	E /
Sey a		V (ator)	(Lease) Well No	<b></b>
	Sec	36	T. 17 R. 27 NMPM., Empire Abo /	<b>Poo</b> l
Latin				
•••••	500	y		•,
lease in	dicate lo	cation:	The Old Case Day X ? Name of Prod. Form. Abo	
C	В	A		<u> </u>
P	G	H	Perforations Depth DepthDepthDepth	<u> </u>
	_			<u> </u>
	<u>├</u>	┼─┯─┥		Choke
			Natural Prod. Test:bbls.oil,bbls water inhrs,mir	• Size
			Test After Acid or Fracture Treatment (after recovery of volume of oil equal to vo	olume of
N	0		load oil used): 15 bbls.oil, 0 bbls water in 1 hrs, 0min. Si	ze_20/6
		°	GAS WELL TEST -	
330	57	111.0	Natural Prod. Test:MCF/Day; Hours flowedChoke Size	
Casing	and Cemer	nting Reco	rd Method of Testing (pitot, back pressure, etc.):	
r	Feet	Sax	Test After Acid or Fracture Treatment:MCF/Day; Hours flowed	
10 70	204	1.77	Choke SizeMethod of Testing:	
		4 ( L		vil and
2 6	007	247		ni, and
			sand): I to gallons dott used Casing Tubing gange Toate first new May 17, 1960	
8 5	804			
	]		Gas Transporter Phillips - after completion of plant.	
	Fro bing o		ad - Seating simple immediately above marker.	
<b></b>	orne o	pen ena	et - seesting mapping and and a set	
	••••••••••••••		the state of my headed	
		at the info	ormation given above is true and complete to the best of my knowledge.	
	rang ~ c (		(Company of Operator)	
ed	•••••			
ea	NON THE P	1/ A TTON	MAY 3 1 1960 COMMISSION By: Anved Censes	······
ea	CONSER	VATION	N COMMISSION By: Awed Curses (Signature)	r
ea	conser Arm	VATION	N COMMISSION By: (Signature) (Signature)	Y
oil c ML	Am	stro	N COMMISSION By: (Signature) Title. Send Communications regarding well to:	Y
oil c ML	Am	VATION Sto	N COMMISSION By: (Signature) (Signature)	y
	E HER Company & Company Please in C F K N 330 Casing (8 10 (2 6) (8 5 (8 5) (8	ey & Company (Company or Open , Sec Letter EGC Please indicate lo C B F G K J N 0 C 2 6007 (8 5804 S: Pro- Tubing of Hereby certify the	E HEREBY REQUESTING Sey & Company (Company or Operator) Sec. 36 Eddy Please indicate location: C B A F G H K J I N 0 P 0 330 5 - 1115 (Casing and Comenting Records) Feet Sax (S 1006 471 (2 6007 247 (S 5804 S: Production Tubing open end	Artesis, New Mexico May 27, 19   (Place) (Place) (Date   (Date (Place) (Date   (Company or Operator) (Leace) well No. 4 , in. SE // S   (Company or Operator) (Leace) Well No. 4 , in. SE // S   (Company or Operator) (Leace) Well No. 4 , in. SE // S   (Company or Operator) (Leace) Well No. 4 , in. SE // S   (Company or Operator) (Leace) Well No. 4 , in. SE // S   (Company or Operator) (Leace) Well No. 4 , in. SE // S   (Company or Operator) (Leace) Well No. 4 , in. SE // S   (Company or Operator) (Leace) Well No. 4 , in. SE // S   (Company or Operator) (Leace) Top 011/Gas Pay // No. P Name of Prod. Form. Abe   (Company or Operator) (Doen Hole Casing Shoe 6007 Tubing 5804   (Company or Operator) (Doen Hole Casing Shoe 6007 Tubing 5804   (Company or Operator) (Doen Hole Casing Shoe 6007 Tubing 5804   (Company or Operator) (Doen Hole Casing Shoe 6007 Tubing 5804   (Company or Operator) (Doen Hole

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