NEW MEXICO OIL CONSERVATION COMMISSION RECEIVED. 7/1/57 Santa Fe, New Mexico REQUEST FOR (OIL) - (GAS) ALLOWABLE New Well AUG 3 1 1960 Recompletion 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. Artasia, New Maxico 8-30-60 (Date) (Place) WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS: Hondo-Hesten Mates State 14, Well No. 31 in M. 14 SH 14, (Lease) (Company or Operator) Pool 8-26-60 Unit Lotte Eday County. Date Spudded 8-11-60 Date Drilling Completed 6191 6280 PBTD ._Total Depth Elevation 3653 Please indicate location: Abo Name of Prod. Form. 6013 Top Oil/Gas Pay____ B A D C PRODUCING INTERVAL -6070 - 6080 2/ft. Perforations____ Depth Depth 5951 6226 H G Tubing Е F Casing Shoe Open Hole OIL WELL TEST -Choke Natural Prod. Test:_____bbls.oil, ____bbls water in ____hrs, ___min. Size___ I K J T. Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke Choke States in the second states of the seco X P N 0 M GAS WELL TEST -MCF/Day; Hours flowed _____Choke Size____ 990 町 1650 FS Natural Prod. Test:___ Method of Testing (pitot, back pressure, etc.):_____ Tubing Casing and Cementing Record Test After Acid or Fracture Treatment:______MCF/Day; Hours flowed____ Sax Feet Size Method of Testing: Choke Size 350 737 8-5/8 cit or tracture Treatment (Give amounts of materials used, such as acid, water, oil, and 170 Uni 1.000 gallons 15% regular anid w/ DS=50 addad. Incor LS gel. 150 aks 5-1/2" 6226 sand): Date first new Tubing 8-27-60 Casing 120 oil run to tanks_ Packer Press. Press. <u>5951</u> 27 EII Service Pipe Line Company Oil Transporter_ Gas Transporter _____ Remarks : I hereby certify that the information given above is true and complete to the best of my knowledge. Hondo Oil & Gas Company By: a J deans ly Smedgman (Signature) (Company or Operator) OIL CONSERVATION COMMISSION Title....Dist. Prode Surte rene Send Communications regarding well to: Name....A. J. Deans Address Box 125, Artesiak New Mexico

(Form C-104)

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