NEV MEXICO OIL CONSERVATION COM. ...SSION E E E | V F(Fram C-104) Santa Fe, New Mexico

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

This form shall be submitted by the operator before an initial allowable will be assigned to an completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-104 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. Cas must be reported on 15.025 psia at 60° Fahrenheit.

| | | | | (Place) | Next co | | (Date) |
|---------------|-----------------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------|--------------------|----------------|
| melate | | a Compa | NG AN ALLOWABLE F | Well No | | 1/2 | |
| Viels 1 | , Sec. | 33 | T178, R263 | , NMPM., | | byten the | Po |
| | | | County. Date Spudded | 5-10-60 | Date Drilling | Completed | June 2, 7 |
| | ase indicate l | | Elevation | Total | Depth | PBTD_ | |
| D T | C B | A | Top Oil/Gas Pay | Name o | of Prod. Form. | | |
| | | - | PRODUCING INTERVAL - | | | | |
| E | F G | + _H | Perforations 6330- | | | Depth | 4 |
| | | | Open Hole | Casing | Shoe 6336 | Tubing | 6030 |
| L | KJ | I | OIL WELL TEST - | | | | Cho |
| - | " I | | Natural Prod. Test: | bbls.oil, | bbls water i | nhrs, | min- Siz |
| M | N O | P | Test After Acid or Fract | | | | |
| M | n 0 | F | load oil used): | _bbls,oil, | _bbls water in _ | hrs, 6 | min. Size |
| | | | GAS WELL TEST - | | | | |
| 1780 | 0 5 4 E | | Natural Prod. Test: | MCF/Da | ay; Hours flowed _ | Choke | Size |
| bing ,Ca | sing and Come | nting Reco | rd Method of Testing (pito | t, back pressure, etc | c.): | | |
| Size | Feet | Sax | Test After Acid or Frac | ture Treatment: | MC | F/Day; Hours | flowed |
| 1-5/B | 1000 | 550 | Choke SizeMeti | hod of Testing: | | | |
| | | | Acid or Fracture Treatme | ent (Give amounts of | materials used, s | uch as acid, v | vater, oil, ar |
| M | 6036 | 800 | sand): | 165 187 mid | | | |
| 1-3/6 | 623.0 | The | Casing Tubing Press. Press. | Date first oil run to | new tanks | 1960 | |
| | | | Oil Transporter | | | | |
| | | <u> </u> | Gas Transporter | | | | |
| marks:. | | | | | | | |
| | | | | | | | •••••• |
| | | | | | | ****************** | |
| I here | by certify th | at the inf | ormation given above is tr | rue and complete to | the best of my kn | owledge. | |
| proved. | | JL | JN 1 3 1900 , 19 | | Company or | impity | |
| | | • | | - 1/2 | (Company of | egeneration) | |
| Ć | IL CONSE | RVATION | COMMISSION | Ву: | (Signate | ure) | |
| \mathcal{D} | J. F. (150 | usite. | 67/1 0 | Title Dist. | Papt. | | |
| | A11 688 | GAS INSPE | A WAL | Send | Communications | regarding w | ell to: |
| le | 71L ARB | GRO INSPE | CO TOR | Name | Darme | | |
| OW | 1 005/08 20 | | THE POLICE OF THE PARTY OF THE | | | | 1 |
| | 40 | ·, ·- | | Address 520. | Larendery . | acce, L.E. | • |

| OIL CONSERVAT | ION COMMISS | ION |
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NEW MEXICO OIL COMSERVATION COMMISSION SANTA FE, NEW MEXICO

Form C-110 RcRold MI/B5/ E D

(File the original and 4 copies with the appropriate district office) JUN 1 3 1960

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

D. C. C.

| Company or Opera | ator Similair Gil & G | as Company | Lease K. Y | tes "B" ARG |
|-------------------------------------------------------|-----------------------------------------------|---------------------|-------------------|---------------|
| Well No. 7 | Unit Letter_ VS. | 3 T 178 R 268 | Pool Talestynia | d (Espire the |
| County Bay | Kind of 1 | Lease (State, Fed | or Patented) | State |
| If well produces o | il or condensate, give | | | T 178 R 242 |
| Authorized Transp | porter of Oil or Conde | nsate Service P. | po Mas Company | |
| Address | | Nost 337, | Midland, Terms | |
| (Give | address to which appr | roved copy of this | form is to be ser | nt) |
| Authorized Transp | porter of Gas Francis | or Internal Caselli | on Company | · |
| | address to which appr sold, give reasons a | | | it) |
| | (Please check proper rter of (Check One): | | | (X) |
| Change in Owners | nip | () Other | Give explanation | () |
| Remarks: | | | dive explanation | delowy |
| The undersigned comission have been Executed this the | | and Regulations | of the Oil Conser | vation Com- |
| u_i | N 7 3 1800 | Ву | Prid Du | 7.(12) |
| hpproved | 19 | Title | Dist. Supt. | |
| OIL CONSER | VATION COMMISSIOI | N Company | Similate Oil & O | ne Company |
| y MLam | strong | Address | 520 E Broading, 1 | lobbs, X.H. |
| itle MASS | ica contratana | | | |

| ARTESIA DISTRICT OFFICE No. Copies Resolved | | | |
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