NEV EXICO OIL CONSERVATION COM? SION Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) 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.

		•	•	PO Box 35	2 Midland, Texas	May 27, 1959
				(Place)		(Date)
E HE	REBY REG	QUESTIN	G AN ALLOWAB	LE FOR A WELL	KNOWN AS:	
	•		st. N.M. "CJ"	, Well	No, in	SW 1/4 SW 1/4
(Comp	any or Oper	tor) 2	T. 16-S R.	(Lease) 30-E, NMPM.	Grayburg)	
it Letter			County. Date Spi	dded 5-10-59	Date Drilling Go	mpleted 5-18-59
Please	indicate loc	ation:	Elevation 39	29121 N	Total Depth 2905 PBTD 291	
C	В	A	PRODUCING INTERVAL	-	<u></u>	
F	G	Н		912	Pepth 2965	Depth 29391
				C	asing Shoe	TubingTubing
K	J	I	Natural Prod. Test		· ·	
N	0	P	Test After Acid or load oil used):	Fracture Treatment (bbls.oil,	after recovery of volume bbls water in 10	e of oil equal to volume of Chok hrs, omin. Size
			GAS WELL TEST -			•
			Natural Prod. Test	.:	MCF/Day; Hours flowed	Choke Size
Casin	g and Cemen	ting Record				
•	Feet	Sax				
5/8=	4381	400	Choke Size	Method of Testing:		
1/2"	2954	300	BOO T	oma rica		
3/8	20391		Casing 3000#	ubing Date t	irst new in to tanks	26-59
			Oil Transporter	Continental	Pipe Line Company	<u> </u>
			Cas Transporter	none		
ks. I	erferete	4 1/2"	o.d. caling w	ith 4 jet shots	per ft frem 2912	21 to 2921. Acidis
			ls 15% LST WEA	Acid.		
			••••••	•••••		
hereby	certify tha	t the info	rmation given abov	e is true and comple	te to the best of my kno	owledge.
ved		ay Julii	1 0 1559, 1	9.57	(Company or C	Operator)
OIL	CONSER	VATION	COMMISSION	Ву:	(Signaty)	Jr.
M	4 Prus	estro		Title		************
f. #. \$/. \$	L. W.C.K.		. LEO TA .		Send Communications	regarding well to:
•••••	AIL A	B GAS IN	720.0-	Name	J.G. Blevins, J	r.
				F	O Box 352 Midla	nd, Texas
	Comp H Comp H Relater Please C K N N 1/2* 3/8* 1/2* 1/2* hereby wed	Company or Operation Company or Operation	Company or Operator) Please indicate location: Company or Operator) Company or Operator or Op	Company or Operator) County. Date Special State County. Date Special Specia	PO Box 35 (Place) The HEREBY REQUESTING AN ALLOWABLE FOR A WELL (Company or Operator) (The Hereby Requesting an Allowable for a well known as: O inc. St. N.M. "CJ" Nell No. Company or Operator) Company or Operator) County. Date Spudded. Sec. T. County. Date Spudded. Flevation: Top 0il/0587 Pay Perforations Perforations Open Hole Open Hole Open Hole Open Hole Open Hole Casing Shoe Perforations Casing and Cementing Record or Fracture Treatment (after recovery of volume to the first of

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To the second	U. C. O. S.			
Military Care	Transporter			
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