NEI IEXICO OIL CONSERVATION COM. SION Santa Fe, New Mexico (Form C-104) Revised 7/1/57

New Well

REQUEST FOR (OIL) - (CAS) ALLOWABLE

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.

into the	STOCK CALLES.	Vas muse		R	swell, Net	Nexteo	June	23, 1959
					(Place)			(Date)
ARE HE	REBY REG	QUESTIN	IG AN ALLOWA State HA-	BLE FOR A	WELL KNO	WN AS: 1 in	Lo	t 12
(Comp L √	any or Oper Sec	ntor) 2	IG AN ALLOWA State HA- , T16-5 , 1	(Lease) R -30-E , 1		vndesi	gnated	Poo
Unit Letter	Sddy	·····	County. Date S	5-29	-59	Date Drilling Co	mpleted	6-5-59 2900
Please	indicate loc	ation:	Elevation	2870'	Name of	Prod. Form.	yburg	
	The second s	* *	PRODUCTING INTER	/AL -				
LK	J	I	Deuferstiere	28701	- 2876'			
K XI M N	K 32854. 0	P 1	Open Hole	*	Depth Casing	Shoe 2922'	Depth Tubing	28871
2X X2	x xex		6 OIL WELL TEST -				ι.	Choke
r s	R	<u> </u>	Natural Prod. To			bbls water in recovery of volume		
		X	load oil used):	35bbls.o	il,	bbls water in 2	4_hrs,	Choke min. Size
UV	-		GAS WELL TEST -					
O' PSL	& 660" P	IL, Sec.	Ratural Prode T	est:	MCF/Day	; Hours flowed	Choke	Size
ubing Casir	ng and Gemen	ting Recor):		
Size	Feet	Sax				MCF		
8 5/8*	4251	250	T					
5 1/2*	2912'	200	Acid or Fractur	e Treatment (Giv	e amounts of m	aterials used, su	ch as acid,	water, oil, and
2"	2881'		sand): 17,000 Casing	Tubing	Date first r	30,000# sam	22. 19	Addmitte
-			Press	Press.	oil run to t	anks		
			Oil Transporter Gas Transporter	Castus	1 6 91 0 20 0			
			- Gas Transporter				••••••	
marks :	•••••						•••••	
I hereby	certify that	t the info	ormation given ab	ove is true and	complete to t	the best of my kno aco Inc.	wledge.	
proved		JUN	2 9 195 9	, 19		(Company or C	Operator)	1
OII	CONSER	VATION	COMMISSION	В	y: B. E. 1	Hellmen ///	Sell	han
m	al a	1			Contra		,	
. ////	Unn	<u>Alz</u>	ng	Т		Communications	regarding	well to:
tle	gii and ga	S (MSPEC)	V.	Ň	ame Texaco	Inc.		
				• `	Box	3109, Midlan	d, Texas	
				A	ddress		•••••	

ŧ

ł

....

2 • • ŧ ł

! OPERATOR

.... ÷.~

OIL CONSERVATION COMMISSION ARTESIA DIST COTTOE No. Copies Reasived Dis address f e se SANTA FE PROPATION OTHER STATE LAND CLOCE U. S. G. S. TRANSPOR, ER ł FILE 1 BUREAU OF MINES ł

.

NEW MEAICO OIL CONSE Santa FE, N	
(File the original and 4 copies with	the appropriate district office)
	ANCE AND AUTHORIZATION
Company or Operator Texaco Inc.	Lease State HA-Shell
Lot 12 Well No. 1 Unit Letter L' S	T-16-S R-30-E Pool Indesignated
County Eddy Kind of Leas	se (State, Fed. or Patented) State
If well produces oil or condensate, give loc	
Authorized Transporter of Oil or Condensa	te Cactus Petroleum, Inc.
	Box 63h, Midland, Texas
Address	
	d copy of this form is to be sent)
Authorized Transporter of Gas	none
Address	Date Connected
• • • • • •	d copy of this form is to be sent)
lf Gas is not being sold, give reasons and a	
Gas being vented - no pipe li	ne connection available
Reasons for Filing: Please check proper bo	x) New Well Completed 6-22-59 (X)
	() Dry Gas () C'head () Condensate ()
Change in Ownership() Other()
Remarks:	Give explanation below)

The undersigned certifies that the Rules and Regulations of the Oil Conservation Com-mission have been complied with.

Remarks:

Executed this the	23rd day of	June	_1 9_59	
			B y	B. E. Hellman Michelfuna
Approved	JUN 2 9 195 9	19	Title	Contrastman
OIL CONSE:	RVATION COM	MISSION	Compa	ny Texaso Inc.
By Molin	wheng		Addres	Box 3109
Title	GAS INSPECTOR			Midland, Texas

• • •

• •

OIL CONSERVATION COMMISSION ARTESIA DISTRUCT OFFICE No. Copies Received Dis Riadrich CREATOR SAMA HE Packing an ar STATE LANE UNDER U. S. G. S. ----TRACING OF ER REE -----WHILAU OF MENT i.,