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. Cas must be reported on 15.025 psia at 60° Fahrenheit.

						Roswell,	ew lexi	co	Febru	(Date)
WE AR	E HER	EBY RE	QUEST	ING AN ALLO	WABLE FOR	A WELL KN	OWN AS	3:		
	Shell	.011.G	moany.		encer-led	TAL Well No	3	in	Lot	16
	(Compan	y or Ope	rator)		(Lease)					•
E) mile	Letter	, Sec	4	, T -1 6+⊜	, R •3:=5	, NMPM.,	HOST IC		rayturg	Pool
•	-	7		County. Date	Smudded	12-25-57	Data D	rilling Co	mleted	1-13-58
	Please in			Elevation	3065	Total	Depth	29091	PBTD	2868
	Rest III		cauon.			Name o				
D	С	В	A	PRODUCING INTE						
						2004.1				
E	F	G	H	16 Perforations_	Mark Carbo	Depth Casing		noné i	Depth	20501
		Į		Open Hole		Casing	Shoe	27.0.	Tubing	₹ .50.
L	K	J	I	OIL WELL TEST	•					Ch
"		"	_	Natural Prod.	Test:	_bbls.oil,	bbls	water in _	hrs,	Choke min. Size
		<u></u>		Test After Ac	ld or Fracture	Treatment (after	recovery	of volume	of oil equal	l to volume of
M	N	0	x ^P	load oil used):39bb	ls,oil, O	_bbls wate	er in 24	hrs, -	Choke min. Size
		İ		1		ntermitter				*****
5 6	ection	14	•							
36	5/5	nd Comen	ting Reco	_		MCF/Da			Choke Si	ı ze
Size	-	Feet	SAX			ack pressure, etc			 -	
				1		Treatment:		MCF/L	Day; Hours fl	lowed
8 5/	/8*	1991	250	Choke Size	Method	of Testing:				
51/	/24 3	1693	600	Acid or Fractu	re Treatment (Give amounts of	materials	used, such	as acid, wa	ter, oil, and
7 -7				sand): #						
22		2050		Casino	Tubing	Date first oil run to	new	Februar	v 3. 195f	3
-		+							21 -12	
				,	When the	<u>ve Petroleu</u>	is illia			
P	* 25	O gall	lone 7	Gas Transporte 1/2 HCA, 20	T		esse er	uda. 20	.000	- F
Kemark				50 ball see						
		AAM AN	VIII VO	A DELL SUE	A	F		•••••••		***************************************
		•••••								•••••••
		rtify that EB 6	t the info	ormation given a	bove is true a	ind complete to t ಇಟ್ಟ	the best of	my know	ledge.	
Approve	:d	E D 0	1000	••••••	, 19	Sho.	(Com	pany or Op	erator)	nal Signed By
					_	- Sauce			Rex	nai Signed By C. Cabaniss
	OIT C	JNSER	VATION	COMMISSION	i	By: Sox		(Signature)	•••••	••••••
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Бу:,/.			RPECTOR		***************************************	Send	Commun	ications re	garding well	l to:
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U.S.C.S. Transporter	
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