	MEXICO OIL CONSERVATION COMMISSION (Form C-104)
	Santa Fe. New Mexic. Revised 7/1/57
	UEST FOR (OIL) - (GAS) ALLOWAPLE
GA3 ORATION OFFICE	MAR 2 Ven1961 Recompletion
rm C-104 is to be submitted in QUADRUP. le will be assigned effective 7:00 A.M. on d	tor before an initial allowable will be assigned to any completed Offor Cas Well LICATE to the same District Office to which Form C-101 was sent. The allow- late of completion or recompletion, provided this form is filed during calendar ompletion date shall be that date in the case of an oil well when new oil is define
	Nanahana, Tores
E ARE HEREBY REQUESTING AN AL	LOWABLE FOR A WELL KNOWN AS:
Company or operatory	
Unit Latter Sec	R. 31E NMPM, Horth Square Lake (Urayburg) Poct
	Date Spudded 2025-62 Date Drilling Completed
Please indicate location: Elevation	FOLD PLAT
	as Pay J718 Name of Prod. Form. Fremier (Srayburg)
	INTERVAL -
E F G H Perforatio	ons 3720-32, 3744-52 & 3766-78 w/2 jute/ft.
Open Hole_	Casing Shoe 3015 Depth 3709
	Choke cod. Test:bbls.oil,bbls water inhrs,min. Size
	Acid or Fracture Treatment (after recovery of volume of oil equal to volume of
load oil u	Choke used):bbls.oil,bbls water in thrs,min. Size18/00
GAS WELL T	EST -
(FOOTAGE) Natural Pr	od. Test:MCF/Day; Hours flowedChoke Size
bing , Casing and Cementing Record Method of	Testing (pitot, back pressure, etc.):
	Acid or Fracture Treatment:MCF/Day; Hours flowed
Test After	
5/8 812 135 Choke Size	Acid or Fracture Treatment:MCF/Day; Hours flowed
S/8 B12 135 Test After S/8 B12 135 Choke Size 3 3815 125 Acid or Frasand): Fra	Acid or Fracture Treatment:MCF/Day; Hours flowed Method cf Testing: acture Treatment (Give amounts of materials used, such as acid, water, oil, and
S/8 B12 135 Test After S/8 B12 135 Choke Size 3 3815 425 Acid or, Freshand): Fresh	Acid or Fracture Treatment:MCF/Day; Hours flowed Method cf Testing: acture Treatment (Give amounts of materials used, such as acid, water, oil, and W/30,000 gais lesse stude w/30 migal . TubingDate first new Press. 209 oil run to tanks
S/8 B12 135 Test After S/8 B12 135 Choke Size 1 3815 125 Acid or, Frisand): JT 3709 Casing Press. 565 0il Transpo	Acid or Fracture Treatment:MCF/Day; Hours flowed Method cf Testing: acture Treatment (Give amounts of materials used, such as acid, water, oil, and

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NUMBER OF CUPIES RECEIVED F DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE OIL TRANSPORTER GAS PRORATION OFFICE OPERATOR	CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
Company or Operator FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE Lease			Well No.			
	ownship Range	Cour	County			
Pool	Kind of Lease (State, Fed, Fee)					
If well produces oil or condens give location of tanks	ate Unit Letter	Section Town	Township Range			
Authorized transporter of oil () or cond	ensate	Address (give address to	which approved copy of this	form is to be sent)		
Mollood Corporation		305 V & J 9 Midland, 90				
	Is Gas Actually Connect	d? YesNo				
Authorized transporter of casing head gas	or dry gas Date Con- nected	Address (give address to	which approved copy of this j	form is to be sent)		
If gas is not being sold, give reasons and	also explain its present disposition	1		<u></u>		
Change in Trans Oil	REASON(S) FOR FILING	(please check proper ba Change in Ownership . Other (explain below)				
Remarks to the well, entry	his 5-110 St 16 popul abundan his of this (and not to the Jolan	and the Counterd moreval. It she i that Lenge at	in call Mr. N. L. add be mind that a thatas	Mille C-110		
The undersigned certifies that the Ru	les and Regulations of the Oil C	onservation Commission	have been complied with.			
Executed this the day of, 19						
OIL CONSERVATIO	N COMMISSION	By C. F. DUCHR	C. F. Dr.	nun)		
	trong	Title Disturbet Englis		gu.		
Title OIL AND GAS INSPECTOR	\mathbf{f}	Company	tuyony of Temes			
Date MAR 2 9 1961		Address	andmand _# Desaut			