EXICO OIL CONSERVATION COMM SION ECEN Santa Fe, New Mexico

. **.**

Danta Fe, New Mexico REQUEST FOR (OIL) - (GAS) ALLOWABLE JAN 24 February nitted by the operator before an initial REQUEST FOR (OIL) - (GAS) ALLOWABLE JAN C. 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.

	(Place) (Date) (Date)
WE ARE HEREBY REQUI	STING AN ALLOWABLE FOR A WELL KNOWN AS:
	N SO. UNION FEDERAL, Well No. 1-X , inLOT 12.14. 14, (Lease)
Unit Lotter	T.16-S., R.30-E., NMPM., WILDCAT with the Pool 60
EDDY	County. Date Spudded. 11-28-60 Date Drilling Completed 1-15-61
Please indicate locatio	
D C B	Top Oil/Gas Pay 2980 Name of Prod. Form. PREMIER SAND
	PRODUCING INTERVAL - Perforations
E F G 1	Open Hole 2978-3005! Depth Casing Shoe 2976 Tubing 2950
	OIL WELL TEST -
	Natural Prod. Test: 150 bbls.oil,bbls water in 24 hrs,min. Size 2
M N O I	Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used):bbls.oil,bbls water inhrs,min. Size
	GAS WELL TEST -
33201FN & 6501F	Natural Prod. Test:MCF/Day; Hours flowedChoke Size
Tubing ,Casing and Cementing	Record Method of Testing (pitot, back pressure, etc.):
Sire Feet Si	Test After Acid or Fracture Treatment:MCF/Day; Hours flowed
	Choke SizeMethod of Testing:
8-5/8 547 5	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and
7 2398 \$	
	sand): Casing Tubing Date first new Press. 175 Press. 60 oil run to tanks JANUARY 15, 1961
<u>5± 2976 +</u>	00_ Press Press OIT full to talks OABBARL Press OIT full to talks OABBARL Press
2 2050	Gas Transporter
Remarks:	
	······································
I hereby certify that the	information given above is true and complete to the best of my knowledge.
Approved	JAN 2 4 1961 , 19 JACK L. MCGLELLAN (Company or Operator)
	A 2 GANE CODD
UIL CONSERVAT	ION COMMISSION By: (Signature)
By: ML anus	Title OPERATOR
	Send Communications regarding well to:
Title VIL AND GAS /ASP	
	AddressPET.BLDBROSWELL,N.M.

ARTESI	ARTESIA DISTRICT OFFICE	
No. Copies Rocai	/ol H	
Ľ	DISTRIBUTION	
	NO. FURNISHED	
OPERATOR	\	1
SANTA FE		
PRORATION OFFICE	i	-
STATE LAND OFFIC	E	<u> </u> -
U. S. G. S.		
TRANSFORTER		
PILE	1	
BUREAU OF MINICS		

· · ·

-