## NEV **EXICO OIL CONSERVATION COM!** SION Santa Fe, New Mexico

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REQUEST FOR (OIL) - (GAS) ALLOWABLE,

New Well

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 dorm 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.

		FOUR		HORDE, NAX (Place)		Qeto	(Date)
WE ARE HEREBY REQUESTING ALL OIL Company or Operation (Company or Operator)			Eddy.State.#C#	, Well No e)	<b>1</b> , in.		
Unit La			, T <b>17.</b> .s, R <b></b> , R <b></b> , R	, NMPM., Ga	78	•••••••••••••••••	Pool
			County. Date Spudded				
Please indicate location:			Elevation 3598#	Total	Depth 2510:	PBTD	25071
D	СВ	A	Top Oil/CER Pay 23741 PRODUCING INTERVAL -				
	_		Perforations 2371-2	3981			
E	F G	H	Open Hole	Denth	Shoe 25101	Depth Tubing	24821
L	K J	I	OIL WELL TEST - Natural Prod. Test:	bbls.cil.	bble water in	<b>b</b>	Choke
м			Test After Acid or Fract	ure Treatment (after	recovery of volum	e of oil em	 
•			load oil used): 288 GAS WELL TEST -	_bbls.oil,O	_bbls water in	24 ors,	Choke 
bing ,Casi	ing and Ceme	nting Recor	- Natural Prod. Test:				
Size	Feet	Sax	Test After Acid or Fract	ure Treatment:	MCF,	/Day; Hours	flowed
8-5/8*	2951	175	Choke SizeMeth	od of Testing:			
4-2/2=	25031	800	Acid or Fracture Treatmen				
2-3/8*	24761	······································	sand): <b>500 gal.s pc</b> Casing Tubing Press. Press.	id 22.000 Date first n	) gals. ref.	oil with	I# SDC
			Cil Transporter Te	011 run to t	anks		<u> </u>
			Gas Transporter			<del></del>	
marks :	It is effect	ive Oct	ed that this well be ober 18, 1957.	.placed in the	Proration.S	Shedule	
I hereby	certify that	at the infor	mation given above is tru	e and complete to th	he best of my know	wledge.	••••••
			, 19 COMMISSION	Gnu	Company or O		
MS	n.	the		γ	(Signature	. /	
		SPECTOR	1		Communications p	7 7	ell to:

WIL AND GAS INSPECTOR  $\nabla$ Title .....

Name	Gul	. 011 (	tion
			New Mexico

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