W MEXICO OIL CONSERVATION CL MISSION (Form C-104) Santa Fe New Mexico RECEIVE Devised 7/1/57

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REQUEST FOR (OIL) - (CARS) 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 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.

					Loco Hills, New Mexico (Place)			j	January 29, 1962 (Date)	
WE AR	E HERE	EBY RI	equesti	NG AN ALLOWABLE	FOR A WEL	l known	AS:			
	(Company	y or Ope	rator)		case)				,	
Unit	Latter	, Sec		, T. 17-5 , R 2	9 E , NMP!	M., U	ndesignat	ed	Pool	
••••••••••	Rddy	······································		County. Date Spudd	ed 1-14-62	Dat	Drilling Co	mpleted	1-24-62	
F	Please inc	dicate k	cation:	Elevation 3641						
D	C	В	3 A	Top Oil/Gas Pay	62721	_Name of Frod	. Form	Abo Real		
				PRODUCING INTERVAL -						
E	F	G	H	Perforations 62	721 - 6280	♥ Depth		Death		
	L L		п	Open Hole		_Casing Shoe_	62941		62581	
				OIL WELL TEST -						
oL	K	J	I	Natural Prod. Test:	o Test Natu	ral b	bls water in	hrs,	Choke min. Size	
				Test After Acid or Fr						
M	N	0	P	load oil used):_ 119					Choke	
				GAS WELL TEST -						
231	01 FSL							a 1		
-			nting Reco	_ Natural Prod. Test:		_				
Sin	•	Feet	SAX	3.1						
[Test After Acid or Fr					flowed	
85	/8* 7	78	225	Choke SizeM	ethod of Testing	······································		· · · ·		
				Acid or Fracture Treat	tment (Give amou	nts of materia	als used, suc	h as acid,	water, oil, and	
51	/20 62	94	_570	sand): 1000 g			/2			
	18 62			Casing Tubi Press. Pre Pres		first new run to tanks_	1-27	_62		
		70		Oil Transporter			-			
				Gas Transporter No	-					
Remark	s:					- •				
••••••					· • • • • • • • • • • • • • • • • • • •		••••••			
							••••••		·····	
Ιh	ereby ce	rtify th	at the info	ormation given above is	true and comp	lete to the be	st of my know	wledge.		
Approve				<u> </u>					y of Texas	
		-				n	impany or O	perator)	``````````````````````````````````````	
	OIL C	ONSER	VATION	COMMISSION	By:	517	Dias)	>	······	
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By:	<u>///.</u>	1.1.7.1	214140	<u>7(</u> <i>q</i> ''	Title	Send Com	nunications r	egarding w	cell to:	
litle	·····**	1111-1611	S INSPECT	7 us	 Name (General.A				
					Address	Box 416, 1	ioco Hill	s,New H	011.00	

