NEW EXICO OIL CONSERVATION COMN 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. Gas must be reported on 15.025 psia at 60° Fahrenheit.

					Artesia,Ne	ewMex	
			-	NG AN ALLOWABLE			
Clift	Compan	y or Oper	rator)	C. L. East (Les	, Well No	, in.	NW 1/4 SE 1/4
J./		•		, T 175 , R 2 9	9 E , NMPM.,	Grayburg.	JacksonPoo
-	Lotter			Course Data Saudda	4 .26 .E0	Data Drilling (Completed E.E.ES
Eddy Please indicate location:							PBTD3014
	rease in	dicate lo	cauon:				rayburg
D	C	В	A	PRODUCING INTERVAL -			
<u> </u>			H	Perforations	2876-2890 Depth		Da-Ab
E	F	G	n				Depth Tubing 2760
7	K	J		OIL WELL TEST -			Choke
L	Δ.		I	Natural Prod. Test: no	bbls.oil,	bbls water i	nhrs,min. Size_
М	N	0	P				me of oil equal to volume of Choke
••	"	`		load oil used): 40	bbls,oil,0	_bbls water in 21	hrs,min. Size
	<u> </u>			GAS WELL TEST -			
				_ Natural Prod. Test:	MCF/D	ay; Hours flowed _	Choke Size
Tubing	,Casing	and Cemen	ting Reco	rd Method of Testing (pite	ot, back pressure, et	c.):	
Siz	r	Feet	Sar	Test After Acid or Frac	ture Treatment:	MC.	F/Day; Hours flowed
				7			
				Acid or Fracture Treatm	ent (Give amounts of	materials used, su	ich as acid, water, oil, and
			·	sand):			
				Casing Tubing Press Press	Date first oil run to	new tanks 5-5-51	
-			··········				
				Gas Transporter			
Remark	•						
,			••••••	** * * * * * * * * * * * * * * * * * *			***************************************
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T L				ormation given above is t	me and complete to	the best of my kn	owledge.
		MAY					
Approve	EQ			13		Company or	Operator)
	OII C	ONSER	VATION	COMMISSION	By: Colu	llon I	Foy
		~ ~		4	_,/	(Signatu	ure) /
Bv:	M.	L	lm	strona	TitleQwn	37	
-, y .	916	Mar Aldre	INSPECT	0: /	Send	Communications	regarding well to:
Title		• • • • • • • • • • • • • • • • • • • •		Y	 Name		*******
•					I VALLECTION	•••••	

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