NEW MEXICO OIL CONSERVATION COMMISSION 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. Cas must be reported on 15.025 psia at 60° Fahrenheit.

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					(Place)			(Date)	••••
E ARE H	EREBY R	equesti company	NG AN ALLOWA State S-	BLE FOI	R A WELL KN , Well No	OWN AS:	, in. 99₹54€	NE 1/4	1/4,
H Cor	mpany or Ope Sec.	32	, T, F	(Lesse) 29	, NMPM.,	Grayburg	Jackson	P	ool
Lea			County Date S	pudded	5-30-58	Date Drilli	ing Completed	6-9 - 58	
Pleas	e indicate le	ocation:	ElevationTop Oil/Gas Pay_	2605	Total	Depth	Premier -	Ме-Тек	
D	В	A	PRODUCING INTERV	AL -	2644;-48, 26				
E :	F G	Ŧ	VATTOTATIONS		Depth Casin			2606	′
L 1	K J	I	OIL WELL TEST - Natural Prod. Te	st:	bbls.oil,	bbls wate	er inhrs,	Cho min. Size	ke e
M I	0	P	Test After Acid	or Fracture	e Treatment (afte	r recovery of w	volume of oil ed $\frac{3}{1}$ hrs, $\frac{3}{1}$	Qual to volume Choke 1 min. Size	of ∕2 ¤
550' FN	 & 990"	FE Lines	GAS WELL TEST - Natural Prod. Te	st:	MCF/D	ay; Hours flowe	edChoke	· Size	
	ing and Geme	_			back pressure, et				
Size	Feet	Sax	Test After Acid	or Fracture	e Treatment:	 	MCF/Day; Hours	flowed	
7 5/8	730'	350	Choke Size	Method	of Testing:				_
4 1/2	27291	100	Acid or Fracture 25,000	40 44			4 2 64 21	water, oil, ar	nd #Ad
			sand): Casing 240 Press.	Tubing Press.	40 Date first oil run to	new (-20-58		_
			Cil Transporter	-	oil run to Cactus I	Pet. Corp.			
			Oil Transporter_ Gas Transporter_		Frontie	r Gasoline	Company		_
marks:		•••••••					••••••••••		
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			rmation given abo	ve is true	and complete to	the best of my	knowledge.	•••••	
proved			······································	19	Ru. Full	Company	or Operator)	tt	
	f B	varion	COMMISSION	•	Dial	(Sig	nature) rintendent		<u></u>
. <i>ZZ.,j</i> le	OIL AND G	AS INSPECT	100		Send	Communicati	ons regarding v	well to:	
IC	• • • • • • • • • • • • • • • • • • • •	**************	·······	************	Name				
					AddressBox	427, Hobbs	s, New Mexi	co	

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