NE' 1EXICO OIL CONSERVATION COM SION RECEI V Frombc-104) Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLEEE 2 8 18 New Well Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Gil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-104 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.

						New Mexico	Pobs	TEATY 25	, 1961
VE ARE	HEREBY I	REQUEST	ING AN ALL	OWABLE FO	(Place) R. A. WELF, K.P.	NOWN AS:	· ·	(Date)	
Frenkly	s, Asten	a fair,	Ine.	Me Daty	Well No	b-A		,, 38	• •
(C:	ompany or O	perator)	_ 37 s	(Lease)	,	T W433-		.74	/4,
Unit 14	Se	c	, T 	, R	, NMPM.,	Lees Hills	ADO	•••••••••	Pool
	34	47		ate Spudded	1-26-61	Date Drilling	r Completed	2-18-61	L
Plea	se indicate		Elevation	יטנפנ	Total	1 Depth 68571	PBTD	68251	•••••••
I a	CB	T .	Top Oil/Gas	Pay 4750ck	Name	of Prod. Form.	Abo Roc	e e	
	٠ ١	^	PRODUCING I	NTERVAL -		•			
-			Perforation	s 67801	- 6814				
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			OIL WELL TE						
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ł		•	1	17.50		bbls water			
M	N O	P				r recovery of vol			
Į.			•		ols.oil,	bbls water in _	hrs,	min. Size	
1/ 5 5	/1		GAS WELL TES	<u>sī</u> -					
$H_{\ell} \cup I_{\ell}$	410		Natural Prod	d. Test:	MCF/D	ay; Hours flowed	Choke	Si ze	
	_	enting Reco	ard Method of Te	esting (pitot, b	ack pressure, et	c.):			
Size	Feet	Sax	Test After	Acid or Fracture	Treatment:	м	CF/Day; Hours	flowed	
8-5/8=	1860	580	Choke Size_	Method	of Testing:				
5-1/2°	6857	-	Anid on Free	A 7					
-44-	9657	750	1		GIVE amounts of	materials used,	such as acid,	water, oil,	and
2" Tub.	6702	Ì	sand):	Tuhina	Date first	new	03 34		
						tanks Pobras		AQT.	
						Pipe Line Co	perty		
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