NEW JEXICO OIL CONSERVATION COMM. SSION E E ! V E D. Porm C-104) Santa Fe, New Mexico Rev1.500 7/1/57

REQUEST FOR (OIL) - 1962 ALLOWABLE 2 9 1962

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.

				Lose Hills, New Mexico						
					R A WELL KN n.B, Well No				NM	1/4.
(Co	mpany or O	perator)		(Lease)			_		•	
Unit Le		c .23	, T 17-8	, R 30-1	, NMPM.,	Undesi.	gnated(Jackson-	lbo)	.Pool
-			County Da	te Spudded #	iav 28. 1962	Date	Drilling Co	mpleted _	ime 20,	106
Please indicate location:		Elevation	36671	Total	. Depth	69401	PBTD			
			Top Oil/Gas	Pay 683	Name	of Prod.	Form.	the Reef		
ם ם	CB	A	PRODUCING IN	TERVAL -						
			Perforations	69	03-69051 60 Depth	11-692	<u>1</u> ė		· · · · · · · · · · · · · · · · · · ·	
E	F G	H	Open Hole		Depth Casin	ng Shoe	69401	Depth Tubing	69181	
•			OIL WELL TES							
L	K J	I			bbls.oil,	bb1	s water in	hrs.		hoke
-		F			re Treatment (afte					
M	N O	P	ł						Choke	
					obls.oil, 0	DDIS W	iter in	nrs, 0	min. Size	AFIO.
		_ <u></u>	GAS WELL TES	-						
	M. 4 99			l. Test:	MCF/D	Day; Hours	flowed	Choke S	Size	
	_	menting Reco			back préssure, et					
Size	Feet	SAX	Test After /	Acid or Fractu	re Treatment:		MCF/	Day; Hours f	lowed	
A = 100	3511	543	Choke Size_	Method	d of Testing:			·		
8 5/80	1544	 - 341	As d or Frac	ture Treatment	: (Give amounts of	material	s used, suc	n as acid, w	ater, oil,	and
5 1/2	6940	394	1	o sale 202			2-			
			Casino	Tubing	Date first					
2 3/8"	6938		 	•	oil run to	tanks	June 34	, 1962		
		1	•	terNello	•					
		1	· ·		lips Petrole					
Remarks:		••••	· · · · · · · · · · · · · · · · · · ·	•••••		•••••		• • • • • • • • • • • • • • • • • • • •		
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										• • • • • • • • • • • • • • • • • • • •
I herel	by certify t	that the infe	ormation given	above is true	e and complete to	the best	of my knov	vledge.		
Approved		IUN 25	1962	, 19	General A	A (Co	mpan or O	perator)	Texas	
O1	IL CONSE	ERVATION	COMMISSIO	ON	Ву:	Hoer	d (Signature	:)		
sy:	ILL	rnest	rong		Title Pl.st. Send	rist 3	uperinte unications r	ndent — egarding we	ell to:	
Title	40° 3## (bas imbpes	TURY		NameGene	mal for	and age of	13 Corre	NT AF T	700
			-		14 WILL PARTIE				~	

Address P. O. Box 416, Loco Hills, New Maxion