Santa Fe, New Mexico

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.

						(Place)			Octob	(Date)
Sine	Comp.	083. A. G	as. Comp	NG AN ALLOWARD H.E.	West "B"	, Well No	13	, in		•
Umb	Letter							_		
		Edd	y	County. Date S	pudded	16-57	Date !	Drilling Co	mpleted	10-3-57
F	Please i	ndicate lo	cation:	Elevation						
D	С	В		Top Oil/Gas Pay	3142'	Name o	f Prod.	Form. 🧲	rayburg	zokooz.
				PRODUCING INTER	<u>'AL</u> -					
		1		Perforations_	3314-26.	3356-741				
E	F	G	H	Open Hole		Depth Casing	Shoe	3525	Depth Tubina	32861
I			1	OIL WELL TEST -	- 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 					
L	K	J	I							Choke
				Natural Prod. Te	est:b	bls.oil,	bb1	s water in	hrs,	min. Siże
M	N	- 0	 p 	Test After Acid				•	•	
24	14	1 "	•	load oil used):	bbls,	oil,	_bbls wa	ter in	hrs,	min. Size 1/2
İ				GAS WELL TEST -						
				- Natural Prod. Te	· c+ •	MCE/Day	u. House	f lawad	Chaka	Ci ao
Publing	Coatno	and Comer	ting Recor							
Size	•	Feet	Sax							
				Test After Acid	or Fracture Tr	eatment:		MCF,	/Day; Hours	flowed
10 3	3/44	739	100	Choke Size	Method of	Testing:				
				or Fracture	Treatment (Giv	e amounts of m	naterial	s used, suc	h as acid, v	water, oil, and
7"		3525	100	sand): 20	•	•				
				Casino	Tuhina	Date first r	1ew			
2 3/	8-	3286		Press. 460	***					
	İ	1		Oil Transporter_	TOXASON	-ex160 17	pe La	ne Compi		
				Gas Transporter						
lemark	s :		•••••			*****************	•••••	••••	***************************************	
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I h	ereby (certify tha	t the info	rmation given abo	ve is true and	complete to t	he best	of my kno	wledge.	
pprove	-	,	:C1 %	· ` `				& Gas	_	
.pp.o.c					, ••••		(Cor	mpany or O	perator)	
	OIL	CONSER	VATION	COMMISSION	В	y: Des	lie)77	Talk	7.62-
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(ris.	4 3001		****						
		961	PHR, HTD,	,File	A	ddress	os, A	OA MART	!	

AR No. Co

NEW MEXICO OIL CONSERVATION COMMISSION SANTA FE, NEW MEXICO

Form C-110 Revised 7/1/55

(File the original and 4 copies with the appropriate district office)

TO TRANSPORT OIL AND NATURAL GAS

Company or Opera	tor Simelair C	Ll & Gas Con	pany	Le	ase K. K.	West "	M
Well No. 13	Unit Letter	B S 10 T	17 R 31	_Pool	Grayburg.	Pasksan	
County Eddy	Ki	nd of Lease	(State, Fed	d. or Pat	tented) 🕶	deral	
If well produces of							31
Authorized Transp							
			30				•
Address	1510, Midland, address to which	rems	C 43:1	- <i>6</i>	4 . 1	4)	·
		ch approved	copy of this	s iorm is	s to be sen	it)	
Authorized Transp	orter of Gas			 	···		
Address	address to whic	1		- f :-	4-1		
If Gas is not being							
Flared. No Ge	•	sons and an	oo explain it	b preser	it disposit	1011.	
1791-010 100 00	12200 12011						
		•					
Descera for Filing	vDlagagahaala		NI 317	-11			
Reasons for Filing	-				1 () C		X)
Change in Transpo	orter of (Check	One): Oil () Dry Gas	() C·n	ead () Co	naensa	te ()
Change in Owners	hip		Other				()
Remarks:				Give e	xplanation	below)	
The undersigned c	ertifies that the	Rules and	Regulations	of the C	il Conserv	vation C	om-
mission have been							
T	•		10.89				
Executed this the_	day of	gföggt	_19 _57				
			By 🥖	Sister	322 6	211	11
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Approved 00	1 4 1957	19	Title	Asst. Di	rt. Supt.		
OIL CONSE	RVATION COM	MISSION	Compar	137 @ #	laia Mil A	One Bon	ne ser
	,	***************************************	Compar	-y @1 116.	lair Oil &	SEE ACE	-
By MI arn	estrong		Addres	s 520 E	est Broadus	y	
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ee; FHR, HFD, File

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