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Santa Fe, New Mexico

(Form C-104) Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWAPLE

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. Can must be reported on 15.025 psia at 60° Fahrenheit.

						Axtesia(Place)	New.M	exico	6-	22-64 (Date)
E AR	E HERE	EBY RE	QUESTI	NG AN ALLO	WABLE FO	R A WELL K	KNOWN	AS;		•
Inte	rnetio	nal-V	to a	V	State 647	Well N	o. 202	in	NE 14	NE K
-41-6	(Company	y or Oper	ator)	V	(Lease)	√ , , , , , , , , , , , , , , , , , , ,		On . T	/4.	
A	<u>V</u>	, Sec	36`	, T 17S.	R28.E.	, NMPM.,	ur	Artesia.	***************************************	Pool
Umit	n Letter					,				
	.Eddy			County. Da	-					
F	Please ind	licate lo	cation:	Elevation	3669' GL	Tot	tal Depth_	<u> 2565'</u>	PBTD	
~	1 0			Top Oil/Gas	Pay 2381!	Nam	me of Prod	Form.	Graybur	<u> </u>
D	C	В	Ax	PRODUCING IN	TERVAL -				•	•
	ŀ									
E	F	G	H	Perforations	2381'-2	387' 2440 Dep	1-2442 oth	<u>', 2486'-</u>	2490 Depth	
_	-		"	Open Hole		Cas	sing Shoe_	25651	Tubing	2501'
				OIL WELL TES	Τ -			•		
L	K	J	I		=	gala.	CT:	als.		Choke
				Natural Prod	. Test: 20	5015.8il, _	8 9	Water in	hrs,	min- Size
				Test After A	cid or Fracture	e Treatment (af	fter recov	ery of volume	e of oil equal	to volume of
M	N	0	P	load oil use	d): 32 b'	bls,oil, 62	bb Lo	der in 2	4 hrs n	Choke
									<u></u>	1111. 2126 10-20
		<u></u>		GAS WELL TES	<u>- </u>					
. 36	T. 1	7 S.,	R. 28 I	• Natural Prod	. Test:	MCF	/Day: Hou	rs flowed	Choke Si	79
	(, , , ,	1867		Method of Te						
Size		Feet	Sax							
	`			Test After A	cid o r Fracture	e Treatment:		MCF/	Day; Hours fl	owed
				Choke Size_	Method	cf Testing:			···	
5/8	R., -	5001	75 ex.							
		- /		Acid or Fract	ure Treatment	(Give amounts of A500 1	of materia	ils used, suc	h as acid, wa	ter, oil, and
1/2	~ ~	565'	150 ax.	Sandy: 36					THE PARTY	
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				-		oil run	· ·		_	
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NEW MEXICO OIL CONSERVATION CO AISSION SANTA FE, NEW MEXICO

FORM C-110 (Rev. 7-60)

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE Company or Operator Well No. State 647 202 International-Yates Range Township County Unit Letter Section 36 17 5. 28 E. Eddy Pool Kind of Lease (State, Fed, Fee) State Undertesia Unit Letter Section Township Range If well produces oil or condensate give location of tanks 36 17 S. 28 E. Address (give address to which approved copy of this form is to be sent) Authorized transporter of oil a or condensate Artesia, New Mexico Continental Oil Company Is Gas Actually Connected? Yes X No_ Date Con-Address (give address to which approved copy of this form is to be sent) Authorized transporter of casing head gas or dry gas Phillips Petroleum Company 6-19-64 Odessa, Texas If gas is not being sold, give reasons and also explain its present disposition: REASON(S) FOR FILING (please check proper box) Change in Ownership Change in Transporter (check one) Other (explain below) Oil Dry Gas Casing head gas .

Condensate . . RECEIVED JUN 2 4 1964 o. c. c. Remarks The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with. Executed this the 22nd day of June OIL CONSERVATION COMMISSION Approved by Title Title GAL AND GAS INSPECTAN International-Yate Address Date JUN 2 4 1964 P. O. Box 427. Artesia. New Mexico