SION

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

REQUEST FOR (OIL) /////AXS// ALLOWABLE

New Well *Prophyllyligh*/

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.

				Hobbs, N	ew Mexi	.60	7-2	21-59		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			(Place)				(Date)		
			ING AN ALLOWABLE							
(🔾	ompany or O	peranor)	Malco Refinerie (Le	MC)				•		
	Sec	c1	, T185, R27E.	, NMPM.,		inpire Abo	<u> </u>	Poo		
Eddy			County. Date Spudde	d.6-25-59	Date	Drilling Co	mpleted	71760		
Please indicate location:			Elevation 3602	PDR Tot	al Depth_	6150	PBTD	6140		
D T	C B		Top 011/5/1/ Pay603	Nam	e of Prod.	Form.	Abo			
		7	PRODUCING INTERVAL -	***						
E	F G	H	Perforations 6110-6	135 with 2 📥	ots Der	foot				
_			Open Hole	Dép Cas	ing Shoe	6150	Depth Tubing	6023		
L	KJ		OIL WELL TEST -	· · · · · · · · · · · · · · · · · · ·						
'	K J	I	Natural Prod. Test:	bbls.oil,	bb	ols water in _	hrs,	Choke min. Size		
			Test After Acid gry Frag							
4	M 0	P	load oil used): 110							
			GAS WELL TEST -					-		
lon 1,	T-18-S.	R-27-E	Natural Prod. Tests	MCF/	Day: Hour	s flowed	Choke S	il ze		
bing ,Cas	ing and Com	enting Reco								
Size	Feet	Sax	Test After Acid or Frac							
3-5/8	1493	750	Choke Size Met							
			Acid by Fightyth Treatme							
-1/2	6174	800	sand): 1000 mil							
-3/8	6023		Gasing Tubing Press. PKR Press.	Date fire	t new	7_20_59	······································			
	 		Oil Transporter Meive							
			Gas Transporter	-	-	-				
arks:		Complete	d 7-20-59							
***********		•								
	***********	******	************************************							
I hereb	y certify th	at the info	rmation given above is tr	ue and complete to	the best	of my know	edge.			
proved		OL 2.3	1959, 19	Pan Ame				tion		
					(Co	mpany or Ope		l Signed b y		
OII	L CONSER	LVATION	COMMISSION	Ву:	***********	(Signature)	JW. I	BROWN		
7	11/1	mil	- ma	Tiele Amee	Sunau	. •				
			~~~	Title Area. Superintendent. Send Communications regarding well to:						
e	**************************************	res imapec	70,6	NameJWBrown						
					Address Box 68 - Hobbs New Hexico					
				AddressBox	68I	iobbsNer	Mexico			

Va Capies Received BUTION 40. 4 SWIED		ARTESIA DISTRICT OFFICE									
90.	No Copies	Recaive	4								
	F14. F14.	•	า เม็บ	BUTION							
		•									
		-		i i i i i i i i i i i i i i i i i i i							
	1										
	:				j						
					- :						
					i .						
					k 						

. ... -- ...