## NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

## 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. Gas must be reported on 15.025 psia at 60° Fahrenheit.

C	ompany or Op	erator)	TING AN ALLOWABLE FOR A WELL KNOWN AS:  INC. 2 7. J. SIVLEY Well No. 5 in WE 1/4,  (Lease) Well No. 5 in WE 1/4,  (Lease) Pool
Eddy	etter •		County Date Smidded 7/5/59 Date Brilling Completed 7/30/59
Ple	ase indicate l	ocation:	County. Date Spudded 7/5/59 Date Drilling Completed 7/30/59 Elevation 385 G.L. Total Depth 5765 PBTD 5733
) T	C B	A	Top Oil/Gas Pay 5478* Name of Prod. Form.
	x		Perforations 5572 -5684 , 5690 -5694 , 5717 -5719 ; 5726 -
:	F G	H	Open Hole Casing Shoe Tubing 5627
			OIL WELL TEST -
· T	K J	I	Choke Natural Prod. Test: bbls.oil, bbls.water in hrs, min. Size
		<u> </u>	Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of
	N O	P	load oil used): 212 bbls.oil, bbls water in hrs, min. Size_12/
			GAS WELL TEST -
981	<u> 150 9</u>	70/2	Natural Prod. Test: MCF/Day; Hours flowed Choke Size
	asing and Com		sord Method of Testing (pitot, back pressure, etc.):
Size	Feet	Sax	Test After Acid or Fracture Treatment: MCF/Day; Hours flowed
-5/8	9631	425	Choke Size Method of Testing:
-1/2	5764	300	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and
			Sand): 2000 gallons 15% Pe HR acid Casing Pres. Tubing 200 Date first new 8/1/59
-3/8	5627"	ļ	Press. Cli lui to taiks
			Gil Transporter McWood Corporation
			Gas Transporter
ares : .			······································
•••••	eau La	ctor	40.60 Jactor 1.025 Ju 11-13-67
reo	eby certify th	nat the info	nformation given above is true and complete to the best of my knowledge.
I her			1959 (Company or Operator)
I her	····· <del>'</del>		(Company of Operation)
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I her roved.	•	RVATION	ON COMMISSION  By: Signature)  Vice-President

	OIL CONSERVATION COMMISSION ARTESIA DISTRICT OFFICE		
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