NE. MEXICO OIL CONSERVATION COM SSION Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well

Philipphical

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.

				be reported on 1		(Place)			ctober 6	1959 (Date)
ARE	HER	EBY RE	QUESTIN	NG AN ALLOW	ABLE FOR	A WELL KN	OWN A	S:		NR.1
an Ar	eric	an Peti	coleum C	orporation-S	tate "BA"	, Well No		in	IW/1/4	
/ (Compa	ny or Opei	etor)	, T18-S,	R -27-5	, NMPM.,	Empir	a Abo	***************************************	Pool
Unit	Letter	, Sec		.,	•	0.0.70	Data	Dwilling Co	mleted	0_20_59
d dy	• · • • • • • • • • • • • • • • • • • •			County. Date S	Spudded	999 Total	Depth 5	6951	PBTD	56571
Pl	ease ir	ndicate lo	cation:	Top Oil/	5475	Name	of Prod.	Form. Ab	0	
D	C	В	A	PRODUCING INTER						e .
						eline w	/o 1901	•		
E	F	G	H	Perforations	5054-1/21	- 5610' W/		5695	Depth Tubing	5460
-	r		"	Open Hole		Casin	ig Shoe	3977	1 db111g	
			 	OIL WELL TEST -	•					Choke
L	K	J	I	Natural Prod. 1	rest:	_bbls.oil,	bb	ls water in	hrs,	min. Size_
		i	1.	Took After Acid	a Ad Eddekirk	Treatment (afte	er recove	ry of volume	of oil equ	ial to volume of
M	N	0	P	load oil used)	: 106 bb	ls,cil,	bbls w	ater in 2	hrs,	min. Size 9/6
				GAS WELL TEST			Davis Mour	s flowed	Choke	Size
,	1000		R-27-E							•
ubing	Casin		nting Reco	rd Method of Test	ing (pitot, b	ack pressure, e	tc.):	165	/Dave Hours	flowed
Size	·	Feet	Sax	Test After Aci	d or Fracture	Treatment:			, 54,,	flowed
8-5/	du l	1479	Circula			of Testing:				
0-2/	-	14617		Acid or Fractu	re Treatment	(Give amounts o	f materia	als used, su	ch as acid,	water, oil, and
4-1/2"		5711	850		9.9 ·	IEd Damiles		2		
		5460		Casing Pkr	Tubing 7	Date firs oil run t	t new o tanks_	10-1-59		
2 ^H	+	7400				Dine Line	Co.			
	1		1	Oil Transporte	Vent ed	and being i	lared.			
			1	Gas Transport	er				• • • • • • • • • • • • • • • • • • • •	•••••
				4. 2.					1	
ः !		X					to the he	st of my kn	owledge.	
I	hereby	certify t	hat theoin	formation given	above is true	and complete	to the D	at mal ann	Compose	tion
pprov	red				, 19		()	Company or	Operator /	tion
						Orig	inal Sign	ed by		
	OIL	CONSE	RVATIO	N COMMISSIO	I.			(- 0		
	m	9/	2	Trans		TitleAre	a Supe	rintende	at	ll •o:
By: // L Wruse			mi		,	Se	nd Com	munications	regarding	wen to.
Title			IL AND GA	IS INSPECTOR		Name. J.	W. Bro	WILL		
						AddressF				. Yardan
					+	F	0. Be	x68Ho	DDS, AC	

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No. Carles Disease		2 1 1 2) - 1711 - 1721 - 1
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BURNAL CONTRACT			
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