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

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

## REQUEST FOR (OIL) - (FAS) ALLOWABLE

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.

into the stock tanks.		Gas must be reported on 15.525 p			Hobbs, New Mexico			11-25-58 (Date)		
		A	10 ANI ATTOM	ADIE EOD	(Place)	OWN AS:		(DAKE)		
E ARE HE	REBY RE	QUESTIN	NG AN ALLOW	ABLE FOR	A WELL KIN	3 in	<b>SM</b> 1/	SE	1/4	
(Com	sany of Ope	rator )		(Lease)		, in				
0	Sec	2	, T. <b>18</b> S,	R.27E	., NMPM.,	Empire At	<b></b>	•••••	Pool	
Takin										
			County. Date	Spudded	. Total	Date Drilling Co	PBTD_	6088		
Please	indicate lo	cation:				of Prod. Form.				
D C	В	A	PRODUCING INTER			<del></del>				
				==	ell shaka m	an foot				
E F	G	H			C/L shots po		Depth	5816		
			Open Hole		Casing	Shoe 6122	Tubing	2010		
			OIL WELL TEST		•			C	hoke	
LK	J	I	Natural Prod.	Test:	bbls.oil,	bbls water in	hrs,	min. S	ize_	
			Test After Aci	d-op-Frankuse-	Treatment (after	r recovery of volum	e of oil equ	ial to volum	ne of	
MN	0	P				_bbls water in _2				
	*	1	GAS WELL TEST							
	300				, mr /n		Choka	Siza		
	-18-s, i					ay; Hours flowed				
_	ng and Ceme	_				c.):				
Size	Feet	Sax				MCF				
8-5/8	966	750	Choke Size_	Method o	of Testing:		i			
<del>0-</del> 2/5	740		haid are Service	- Treatment (	Give amounts of	materials used, su	ch as acid,	water, oil,	, and	
5-1/2	6157	150		11 1	rd	and s				
2 2/2	5076		Casing	Tubing	Date first	new tanks 11-	-21_K#			
2-3/8	5816									
						s, Inc.				
		<b>!</b>	Gas Transporte	er						
emarks:		•••					•••••••			
		•••••						••••••		
					• • • • • • • • • • • • • • • • • • • •			***************************************		
I hereb	v certify th	at the inf	ormation given a	bove is true	and complete to	the best of my kn	owledge.			
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pproved		41.14.12.10.	Trage			Company or	i le de la	L		
OI	L CONSE	RVATION	COMMISSIO	N	By Algo	A Herry	uervo o		*	
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y: <i>]]]</i>	Las	ustro	ug	***********	Title Sen	d Superintend d Communications	regarding v	well to:		
<u>.</u> •	4	ne are se	FREET TOS							
itle			<u>Y</u>		NameRalp	h.L. Hendrick	son		<del>-</del>	
					Address Box	68 - Hobbs,	New Mexi	60		

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