NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

REQUEST FOR (OIL) - (CAS) ALLOWABLE

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

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.

				Hobbs, New Mexico			May 11, 1959	
				(Place)			(Date)	
			IG AN ALLOWABLE FOR			<u>~</u> .	5 TH -	
			- Malco Refineries #0 (Lease)					
(Cor E	mpany or Ope Sec		, T 185 , R. 27E	NMPM	Empire At	0		
Bddy	•••••		County. Date Spudded	4-2-59	Date Drilling Co	mpleted	5-9-59	
Pleas	Please indicate location:		Elevation 3516 RDB					
D	C B	A	Top Oil/ Pay 5530 PRODUCING INTERVAL -	Name or	Prod. Form.			
			Perforations 5900-5950	w/2 shots per	foot			
E ★	F G.	H	Open Hole	Depth Casing S	ince 6000	Depth Tubing	5687	
<u>├</u>	F	┝┯┥	OIL WELL TEST -				Cho	
L	K J	I	Natural Prod. Test:	_bbls.oil,	bbls water in	hrs,	min. Siz	
		1	Test After Acid of Artage	Treatment (after)	ecovery of volume	of oil equa	il to volume	
M	N O	P	load oil used):bbl	ls,oil,	bls water in _2	hrs,	min. Size	
			GAS WELL TEST -					
	-14 9 P	/ /		_ •				
ec. <u>10, T</u>	11 - Glat S	1	Natural Prod. Test:	MCF/Day	Hours flowed	Choke S	Size	
Tubing ,Cas	ing and Ceme	nting Recor						
Size	Feet	Sax	Test After Acid or Fracture	Treatment:	MCF/	Day; Hours f	lowed	
8-5/8	1487	608	Choke SizeMethod c					
5-1/2	6020	m e	Acid/of/ff/offfe Treatment (Give amounts of ma	terials used, suc	h as acid, w	ater, oil, a	
7-1/2		715	sand): 5000 gallons 155 regular.					
2-3/8	5687		Casing Tubing Press. PTR Press. 56	Date first ne oil run to ta	inks50	<u>.</u>		
<u></u>			Oil Transporter Mainte	-	Conte	ner ta	E YZ	
			Gas Transporter					
Remarks							••••••	
Kemarks:	••••••	•••••••••••••••	·····					
		••••••						
	••••••	•••••••					••••••	
I hereb	by certify th	at the info	rmation given above is true a	and complete to the	e best of my know	wieage.	* 1	
Approved		••••••••••••••••••••••••••••••••••••••	195 9		(Company or O	n voi perator)		
							Autor Alaura	
O	IL CONSEF	RVATION	COMMISSION	By:	(Signatur	J. :)	₩. BROW	
n	No	1						
By: MSClismistro BIL AND SAS IF SPIC			UG	Title	perintendent Communications r	egarding we	ell to:	
Title	WIL ARE	T GAS IESPI	HTON .					
1 1410	•••••	••••••	•	Name de We	rown			
			r.	Address Box 6	3 - Hobbs, Ne	w Next of		

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