## RECEIVED

## NEV. MEXICO OIL CONSERVATION COM MAY 1 0 1960 (Form C-104) Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLE. C. C. New Well ARTESIA, DFFICE 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.

			Artesia, New Mexico. 5-9-60. (Place) (Date)
ARE H	EREBY RE	QUESTI	NG AN ALLOWABLE FOR A WELL KNOWN AS:
(Cor	npany or Ope		Epany
Unit Lot	, Sec		T. 18-S., R. 27-E., NMPM.,
Eddy		·····	County. Date Spudded 5ml=60 Date Drilling Completed
Please	e indicate lo	cation:	Elevation 3361 Total Depth 1585 PBID 1572
D	B	4	Top Oil/Gas PayName of Frod. FormPremier
	F G.	H	Perforations <u>1562 – 1570 l/ft Bellets</u> Depth Depth Depth Depth Casing Shoe <u>1578 the Tubing</u>
			OIL WELL TEST -
	K J	I	Choke Natural Prod. Test:bbls.oil,bbls water inhrs,min. Size
MN	· · · · · · · · · · · · · · · · · · ·		Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of
		P	Choke load oil used):bbls.oil,bbls water inhrs,min. Size8/6
			GAS WELL TEST -
	1-7E		- Natural Prod. Test:MCF/Day; Hours flowedChoke Size
	ng and Cemer		M Hethod of Testing (pitot, back pressure, etc.):
Size Feet Sax		Sax	Test After Acid or Fracture Treatment:MCF/Day; Hours flowed
) <u>,_]/2</u> 1	1578 .	320	Choke SizeMethod of Testing:
2 1546			Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and
<u> </u>	13 12	- <u></u>	sand): Treated formation w/ 50,000# 20/60 sand and 13,000 gal leas Casing Tubing Date first new Press. 4/0 Press. 0 oil run to tanks 5-7-60
			Oil Transporter Gactue, Inc
			Gas Transporter
arks :			
•••••			
I hereby	certify that	t the info	rmation given above is true and complete to the best of my knowledge.
			L.Q196Q
	LONSER		COMMISSION By: (Signature)
Sin			
M	t Am	rstre	Title Bist. Prod. Supt.
<u>M</u> ,	L Àm an ai	1.1.1.2.C	Title Bist. Prod. Supt. Send Communications regarding well to:

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File	1	17
BUREAU OF MINES		