

N.

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

REQUEST FOR (OIL) - (CENS) ALLOWABLE

New Well

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 Sept. 16, 195
			NG AN ALLOWABLE FOR A WELL KNOWN AS:
	_		, Well No. #6 , in. NW 1/4 NE 1/4,
(Сол Та /	pany or Op	erator) OO	(Lfie) T. 18 , R. 28 , NMPM, Artesia Pool
Unit Let	HOT .	•	`
	Eddy		County. Date Spudded 7-12-38 Date Drilling Completed 5 4 38
Please indicate location:			Elevation 3-513 Total Depth 2276 PBTD
D (3 B	A	Top Oil/Gas Pay 1952 Name of Prod. Form. Penrose, Artesia and Pfemier
			PRODUCING INTERVAL - 1952-62 2092-98 2292-32
E 1	G	H	Perforations 1952-62 2092-98 2222-32 Depth Depth Casing Shoe 2276 Tubing 2180
	_	 -	OIL WELL TEST -
L	K J	I	Choke Natural Prod. Test: bbls.oil, //// bbls water in //// brs,min. Size_
M 1	1 0	 	Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke Pump load oil used): 9 bbls.oil, 15 bbls water in 24 hrs, 0 min. Size Pump
		-	
	N - 7		GAS WELL TEST - Natural Prod. Test: MCF/Day; Hours flowedChoke Size
Mng Cas		enting Reco	
Size	Feet	Sax	
			Test After Acid or Fracture Treatment: MCF/Day; Hours flowed
3 5/8		50	Choke SizeMethod of Testing:
5211	2276	100	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and
			sand): 42,000 gallens water, 60,000 lbs. sand
		1	Casing Tubing Date first new Press. Press. oil run to tanks 8-15-59
	<u> </u>	 	Oil Transporter Continental Pipeline Company
		<u> </u>	Gas Transporter
marks:			
	****************	•••••••••••••••••••••••••••••••••••••••	

7 L			
1 nereb	y certuy ti	nat the inic	ormation given above is true and complete to the best of my knowledge.
proved	·····	SE F	Leonard Nichols (Company or Operator)
			A. E. WARTER
OI	L CONSE	RVATION	COMMISSION By: (Signature)
71:	1 4/		/
: <i></i>		eninst.	Send Communications regarding well to:
le	<i>šl</i>	enas.d.ii	Name Leonard Nichols
			Box 123, Maljamar, N.M.
			Address

; ;

J. S. G. S. FLANE CONT FILE BUREAU OF MALL

100