

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
 (Revised 7/1/52)

REQUEST FOR (OIL) - (GAS) ALLOWABLE

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 oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

ARTESIA, NEW MEXICO 6/3/1955
 (Place) (Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

V. S. WELCH

Realer State

, Well No. 2-, in SW SE SW SW 1/4 1/4.

(Company or Operator)

0

Sec. 3-

T. 18S

(Lease)

R. 28E

NMPM, ARTESIA

Pool

(Unit)

EDDY

County. Date Spudded APRIL 15, 1955 Date Completed 6/3/1955

Please indicate location:

		0	

Elevation 2434 - 2452 Total Depth 2517, P.B.

Top oil/gas pay 2470 - 2490 Name of Prod. Form 5" CSG. 2434 to 2452, 144 SHOTS;

Casing Perforations: 2470 to 2490, 240 SHOTS or

Depth to Casing shoe of Prod. String 2517

Natural Prod. Test _____ BOPD

based on 20 bbls. Oil in 24 Hrs. - Mins.

Test after acid or shot _____ BOPD

Based on 60 bbls. Oil in 24 Hrs. - Mins.

Casing and Cementing Record

Size Feet Sax

5"	2517	100 CEM.
		20 AQUA.

Gas Well Potential _____

Size choke in inches _____

Date first oil run to tanks or gas to Transmission system: JUNE 3RD, 1955

Transporter taking Oil or Gas: ARTESIA PIPE LINE CO.

Remarks: _____

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved _____, 19____

V. S. WELCH

(Company or Operator)

By: [Signature]

(Signature)

Title AGENT

Send Communications regarding well to:

V. S. WELCH

Name Box 1417

Address ARTESIA, NEW MEXICO.

OIL CONSERVATION COMMISSION

By: [Signature]

Title _____