-			N	EW-MEXICO OIL			NECEIV	/ E D. (Form C-104) Revised 7/1/57
			REO	UEST FOR (Fe, New Mexic		BLER 5 1	960 New Well
								abecaupledaac
Form C able will month o	-104 is to I be assign of comp	o be sub gned eff letion o	mitted in (ective 7:00 r recomple	by the operator before QUADRUPLICATE () A.M. on date of cor- tion. The completion at be reported on 15.0	to the same Distr npletion or recor date shall be th 25 psia at 60° Fa	ict Office to which npletion, provided at date in the case hrenheit.	Form C-101 within form is file of an oil well w	as sent. The allow- ed during calendar hen new oil is deliv-
					. Hebbs. (Pla	N ev<u>Next.co</u>	April 4	(Date)
WE AR	E HER	EBY RI	EQUESTI	NG AN ALLOWABI	LE FOR A WEI	L KNOWN AS:		/
Pan And	(Compar	Petre ny or Ope	Loun. Goi rator)	porati en State	(Lease)	ell No Z	, in I IV/	¹ /4
B	a Lotter	, Sec.		., T . 14-5 , R	28-E, NMP	M., Rupira . Abo		Pool
•••••••••				County. Date Spue	ided 3-8-60	Date Dril	Lling Completed	3-30-60
F	Please in	dicate le	cation:	Elevation 34791				D 62281
D	C	★ ^B	A	Top Oil		Name of Prod. Form	nADO	
·	<u> </u>		+	Perforations 61	4010771 6184	-97' with 2 .	ISPT	
E	F	G	H	Open Hole		Depth Casing Shoe	Depth Tubin	
L	K	J	I	OIL WELL TEST -				Choke
			-	Natural Prod. Test:		•		
M	N	0	P	Test After Acid				equal to volume of Choke min. Size 8/64
		•		GAS WELL TEST -	<u>•</u>	DDIS water	innrs,	min. Size
9301F/	L & 2	271.06		- Natural Prod. Test:		MCE/Day: Hours flo	wed Cho	ke Size
			nting Recor					
	•	Feet		Test After Acid or	Fracture Treatmen	t:	MCF/Day; Hou	rs flowed
\$.5	/84	12551	Cire.	Choke Size	_Method of Testin	g:	i	
4 1/2" 6261 900 Sx.				Acid and Treatment (Give amounts of materials used, such as acid, water, oil, and				
			/	sand): 2000 ml	lons 15% Per bing Date	first new		
2 3/8" 5656				Casing Tubing Date first new Casing Tubing Date first new Press. Press. Press. Oil Transporter Service Pipe Line Gempany				
				Gas Transporter				
Remark	s:			- Gas Iransporter				
				as a flowing all				
	-			-				
Ιh	ereby ce	ertify the	at the info	rmation given above	is true and comp	lete to the best of r	ny knowledge.	
Approve	ed		AI	PR.5				
		ONSED	VATION	COMMISSION	Bv:	Original Signed by	-	
			1			(3	Signature /	
By:	1]L	lim	stron	g Ingrecium	TitleA	rea Superinter Send Communica	ations regarding	well to:
Title		•	IL ANU 573	SINSPECIUM				
					Name	J. W. Brown		
					Address	Box 68, Hobbs	, New Berl	2.13

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