## NEW-MEXICO OIL CONSERVATION COMMESSION RECEIVE For DC-1041 Revised 7/1/57

## REQUEST FOR (OIL) -////AISM/ ALLOWABLE JAN ?

1960, Well **PH-1444**41

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 Callians will 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	1.	1-6-60		
				(Place)		(Date)		
				FOR A WELL KNOWN A				
n Ameri Co	can Petro	LeamCom	rporationState	(AB, Well No3	, in	/4		
nan Ia	, Sec	6	T 18 R	28 , NMPM.,	mpire Abe	Pool		
				ed 11/29/59 Date				
-	se indicate lo		Elevation 3668 RD	Total Depth	<b>6033</b> PBT	D		
		<del> </del>	Top Oil/	Name of Prod.	Form. Abo			
D	C B	A	PRODUCING INTERVAL -					
E	F G	Н	Perforations Open Hole 5969-60	Depth	5969 Depth	9 <b>5616</b>		
L.			OIL WELL TEST -					
L	KJ	I	Natural Prod. Test:	bbls.oil,bbl				
- \-	<b>V</b>	<del>   </del>	Test After Acid	our Treatment (after recover	y of volume of oil	equal to volume of Choke		
М	N O	P	load oil used): 108	bbls.oil,bbls.wa	ter in <u>24</u> hrs, _	min. Size_10/6		
			GAS WELL TEST -					
O' PIL	x 1980' I	WI.	Natural Prod. Test:	MCF/Day; Hours	flowedCho	ke Size		
Eubing ,Car	sing and Ceme	nting Recor	nd Method of Testing (pi	tot, back pressure, etc.):				
Size	Feet	SAX	Test After Acid or Fracture Treatment: MCF/Day; Hours flowed					
			Choke SizeM	ethod of Testing:				
8-5/8	986	Cira.			- ward such as asid	d water oil and		
5-1/2	57/7 6008	850		tment (Give amounts of material				
			Carino Tubir	mg Date first new				
2-3/8	5616		-	s. 795 oil run to tanks				
			Oil Transporter	rrice Pipe Line Co.				
			Gas Transporter					
lemarks:	Complete	d. 48.4	flowing oil well	1-1-60	••••			
		· · · · · · · · · · · · · · · · · · ·						
I here	by certify the	at the info	rmation given above is	true and complete to the best				
pproved		7711	1960 , 19	Pan-American-Pe	troleum Gement impany or Operator)	ation		
_				O <sub>L, 2</sub>	Barrany			
		_	COMMISSION	By: <del></del>	(Signature)	*************		
11	1.0,2	Gress	ert	11136	rintendent			
y£	_	D GAS INSI		Send Commi	unications regarding	g well to:		
itle		- 040 /#0/	·····································	Name	******			
				Address Bex 68				
			*	Address				

OIL CONSCRVATION COMMISSION AN ESTA DE LOCT OFFICE						
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