NEW . XICO OIL CONSERVATION COMM.

Santa Fe, New Mexico

New Well Recompletion

REQUEST FOR (OIL) - (GAS) ALLOWABLE DEC 2 8 1959

This form shall be submitted by the operator before an initial allowable will be assigned to many 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, No	w Mexico	Dece	mber 25, 195
				(Place)			(Date)
ARE H	ereby ri	EQUESTI	NG AN ALLOWABLE	FOR A WELL KN	NOWN AS:	. 10	., 50
Con	pany or Ope	rator)	Air State (Le	', Well No.		, in/	/4/4
3	Sec.	6	, T. 18 , R. 2	8 NMPM.,	Impire Ab	· Unde	Poo
Unit Late	Bidy		County. Date Spudde	. 10-8-59	Data Datii	Completed	12-21-59
			Elevation 3668	dTotal	Depth 6194	PBTD	6160
Please	indicate k	ocation:	Top Oil/Gas Pay 560	Name	of Prod. Form.	Abo	
D) B	A	PRODUCING INTERVAL -		-		
	X		-617	10-6220 600	0-617	20	
	P G	H	Open Hole	Depth	6104	Depth	5675
				Casir	ng Shoe	lucing_	
	<u> </u>	I	OIL WELL TEST -				Choke
. .	• •		Natural Prod. Test:				
_			Test After Acid or Fra	cture Treatment (afte	er recovery of w	rolume of oil ed	qual to volume of Choke
1	1 0	P	load oil used):	bbls,oil,	bbls water in	hrs,	min. Size
			GAS WELL TEST -				
4701	4-217	OE	Natural Prod. Test:	MCF/1	Day; Hours flowe	dChoke	e Size
bing ,Casi	ng and Come	nting Recor					
Size	Feet	SAR	Test After Acid or Fra	cture Treatment:		_MCF/Day; Hours	s flowed
8 5/8	507	450	Choke SizeMe				
			-				water oil and
5 1/2	6194	350	Acid or Fracture Treats	ment (Give amounts of Lons regular ac		, such as acid,	water, orr, and
						6 -50	
			Drace. Prace	ail run to	o tanks ————		
			Gil Transporter_				
		<u> </u>	Gas Transporter				
marks:			**********		***************************************	***************************************	
		•••••	***************************************		***************************************	••••••••	***********************
	***************************************	••••••	•••••••••••••				*************************
I hereb	y certify th	at the info	ormation given above is	true and complete to	o the best of my	knowledge.	
proved	<u>U</u>	EC 28	1955	Besler	(Compan)	or Øderator)	•••••
				- 4	1) 200	thelon	•
OI	L CONSEI	RVATION	COMMISSION	By:	(Sig	mature)	
m	4/7	-	Long	Tiala Pe	ertner		
-fff-f	X [1/2	AL INSTA	7. S.	TitleSen	d Communicat	ions regarding	well to:
le			AS MESPECTOR		s P. Shelds		
		# · * *-		Name			a. How Marie
				Address308	Carper Mr	S. S. Lead	THE RESERVE

No. 1 6	* <u>*</u> * _41
	
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