## NEW MEXICO OIL CONSERVATION COMMLASTOR F I V E D (Form C-104) Santa Fe, New Mexico

## REQUEST FOR (OIL) - (GAS) ALLOWABIE 2 6 1862 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 Read G-10f Wiff 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.

	C Street terms		t be reported on 15.025	Artesia, New Mexico	2-20-62
				(Place)	(Date)
				FOR A WELL KNOWN AS:	WW . #T
	B. COLL			Well No, in	1/4,
(Co:	npany or Ope Sec	7	T 185 R 2	82 , NMPM., Artesia	Pool
Unit Lat	ter				
Z	idy		County. Date Spudde	ed 12/23/61 Date Drilling C	PBTD 233
Please indicate location:		Elevation <b>3611</b> Top Oil/Gas Pay	Total Depth 2362	rtesia	
D	C B	A	Top Oil/Gas Pay	Name of Prod. Form.	
			PRODUCING INTERVAL -		•
E)		<del>                                     </del>	Perforations	Depth	Depth
E	FG.	H		Casing Shoe	
	7	<b></b>	8 OIL WELL TEST -	•	
L	K J	I		bbls.oil,bbls water in	Choke hrs, min. Size
	×	1650		acture Treatment (after recovery of volum	
M	N O	P		bbls.oil,bbls water in 24	Choke
	1650		•		
1/ 50/	S 26	1 175	GAS WELL TEST -		
,		/		MCF/Day; Hours flowed	
bing ,Cas Sire	ing and Gemen	nting mecor Sax	•	tot, back pressure, etc.):	
3126	<del></del> -		Test After Acid or Fra	acture Treatment:MCF	Day; Hours flowed
5/8	465	50	Choke SizeM	ethod of Testing:	i_
1/0	2353	120	Acid or Fracture Treat	tment (Give amounts of materials used, su	ch as acid, water, oil, and
1/2	2353	120	sand): 25,000 gs	1 water and 30,000 # 20	/40 gand and 60 B
1	2100		Casing Rese Tubir	Date first new oil run to tanks	<b>9</b>
			=	Continental Gil Co.	
			Con Transporter	Phillips Petroleum Co.	
marks:			— was iransporter		
шагъз:	• • • • • • • • • • • • • • • • • • • •	•			
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T L 1	الماسية		emation diven above is	true and complete to the best of my kno	owledge.
			2, 19		
proved	r.E.D	2. المالدانل	<b>z</b> , 19	(Company or C	Operator)
Ωī	I. CONSER	VATION	COMMISSION	By: Marion Jam	nah
∑₁	A LE /		-	(Signatu	are)
11	1.1 / /:	00/10/18	CICG	Title & roduction	lerk
: <i>[]</i> [	X LLZA	· · · · · · · · · · · · · · · · · · ·			
: <i>[.[.]</i>	X ( LZ)		7	Send Communications	regarding well to:
:	WIL ARE	gas inspe	сте	Send Communications  Name	

O'L CONSTRVATION COMMISSION

No. Communication

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