

NEW MEXICO OIL CONSERVATION COMMISSION  
Santa Fe, New Mexico

## 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 12/21/55**

(Place)

(Date)

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

**V. S. WELCH****TRAVIS**Well No. **6**, in **NW**  $\frac{1}{4}$  **NE**  $\frac{1}{4}$ ,

(Company or Operator)

**B**Sec. **8**T. **18S**

(Lease)

R. **29E**NMPM, **LOCO HILLS**

Pool

(Unit)

**EDDY**County. Date Spudded **10/11/55**, Date Completed **12/9/55**

Please indicate location:

		X	

Elevation **2988-3000** Total Depth **3036**, P.B. **-**Top oil/gas pay **2639-2651** Name of Prod. FormCasing Perforations: **2988-3000 AND 2639 TO 2651** orDepth to Casing shoe of Prod. String **3033**Natural Prod. Test **15 GALS. OIL PER 24 HOURS.** BOPD

based on bbls. Oil in Hrs. Mins.

Test after acid or **30 BBLS. PER 24 HRS.** BOPD**TEST AFTER SANDFRAC: 50 BOPD.**  
Based on bbls. Oil in Hrs. Mins.

Gas Well Potential

Size choke in inches

Date first oil run to tanks or gas to Transmission system: **12/21/55**Transporter taking Oil or Gas: **TEXAS NEW MEXICO PIPE LINE CO.**

## Casing and Cementing Record

Size Feet Sax

<b>8</b>	<b>345</b>	<b>50</b>
<b>5 <math>\frac{1}{2}</math></b>	<b>3033</b>	<b>180</b>

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)

Title

**AGENT**

Send Communications regarding well to:

Name

Address

OIL CONSERVATION COMMISSION

By: \_\_\_\_\_

Title

✓  
✓  
✓  
✓