NI MEXICO OIL CONSERVATION COM ISSION Santa Fe, New Mexico

(Form C-104) Revised 7/1/57 r

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well Recompletion

This form shall be succented 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 new oil is delivered into the stock tanks Gas must be reported on 15.025 psia at 60° Fahrenheit.

aridg	e Corpo	ration	Artesis, New Mexico Now (Place) ING AN ALLOWABLE FOR A WELL KNOWN AS: Resier Ystes State, Well No. 368, in SV	(Date)	
(Ca	mpany or Op	eretor)	(Lease) T. 185 , R. 28E , NMPM., APtesi		
+		· •·• ··•	County. Date Spudded 10-27-64 Date Drilling Complete		
Plea	se indicate l	mation:	Elevation 3551 Total Depth 2065 F		
D	C F	A	Top Oil/Gas Pay 2015 Name of Prod. Form. Grayb PRODUCING INTERVAL -	lurg	
G	F •G	я	Perforations 2017-29 Open Hole Bone Casing Shoe 2065 Tub	th ing 1990	
	R		OIL WELL TEST - Puping	Choke	
			Natural Prod. Test:bbls.oil,bbls water in Test After Acid or Fracture Treatment (after recovery of volume of oi	hrs,min. Size l equal to volume of	
1	N C	P	load oil used): bbls.oil , <u>O</u> bbls water in <u>24</u> hrs, <u>GAS WELL TEST</u> -	Choke min. Size	
50 1	NL, 231	O FEL		hoke Size	
dng "Ca Sire	sing and Come Feet	nting Reco Sax	<pre>Method of Testing (pitot, back pressure, etc.):</pre>	lours flowed	
7	520	150	Choke SizeMethod of Testing:		
42	2065	125	Acid or Fracture Treatment (Give amounts of materials used, such as a sand): 500 gels. 155 RE		
2	1990	0	Casing Tubing Date first new Press. Press. oil run to tanks Sovember	20. 1964	
			Gil Transporter Continental Pipe Line Company		
n arks :				D Vir	
I here	by certify th	at the info	ormation given above is true and complete to the best of my knowledge	1854	
0	IL CONSEI	RVATION	COMMISSION By: (Signature		
	ŊL Un	ulle	Title Superintendent Send Communications regard	Title Superintendent Send Communications regarding well to:	
e	<i>141.</i> 138 54	S INCERCI	Name Granidge Corporatio	<u>n</u>	
			Addres Drawer B, Artesia,	Nex Nexico	