## NEW . ....XICO OIL CONSERVATION COMMIssion Santa Fe, New Mexico

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

## **REQUEST FOR (OIL) - (GAS) ALLOWABLE**

New Well X 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 new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

			Reswell, New Mexico January /7, 1964 (Place) (Date)
		-	ING AN ALLOWABLE FOR A WELL KNOWN AS:
SUMER	npany or Op	LITY COMP	ANY E. M. Elliott , Well No. 2. M. in
-		-	(Lease) , T188, R. 30E, NMPM.,
Please indicate location:			Elevation DF 3452 Total Depth 3220 PBTD 3161
DI	СВ		Top Oil/Gas Pay 2825 Name of Prod. Form. Queen & Greyburg
			PRODUCING INTERVAL - 2828,2841,2864,2941,29   Perforations One hole per foot as follows: 2953,2959,3023,3029,30
E	F G.	H	Perforations Une hole Depth Depth   Open Hole Casing Shoe 3193 Depth
			OIL WELL TEST -
	K J X	I	Choke Natural Prod. Test: <b>DORE</b> bbls.oil,bbls water inhrs,min. Size
M		P	Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of
			load oil used): 10 bbls.oil, 0 bbls water in 24 hrs, min. Size num
		لسنيل	GAS WELL TEST -
1980/	1 1	E	Natural Prod. Test:MCF/Day; Hours flowedChoke Size
bing ,Casi	ing and Com	nting Recor	
Size	Feet	Sax	Test After Acid or Fracture Treatment:MCF/Day; Hours flowed
3=5/8*	535	230	Choke SizeMethod of Testing:
58"	3184	150	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and
			sand): 1400 gallons scid. 30.000 gal. refined eil, 45,000 the s Casing Tubing Date first new Press. 3400mai Pressoil run to tanks/6. 1064
			Oil Transporter Metood Cornerstion
	-		Gas Transporter None RECEIV
narks :			- CE
•••••••	•••••		Jon
	•••••••		- 197 < 2 <b>1</b> 97
I hereby	y certify th	at the info	ormation given above is true and complete to the best of my knowledge.
proved		31 1964	19.64 SUMENTINE DEVIALEY COMPANY STATES
OII	L CONSEP	-	COMMISSION By:
		4	(Signature)
Jn.	11A	· /	
M	L Az	<u>nal E</u>	Cilig Title Vies President
<u></u>	L ( <u>75</u> 1111 048	<u>uale</u> Inspector	Title Vies Fresident Send Communications regarding well to:

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