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NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

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

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

ARTESIA, NM

24 April 1964

(Place)

(Date)

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

CIMA CAPITAN, INC. (NSL) *WELCH STATE*

, Well No. *27*, in *ne* $\frac{1}{4}$ *sw* $\frac{1}{4}$,

(Company or Operator)

(Lease)

K Unit Letter, Sec. *17*, T. *18S*, R. *28E*, NMPM, *ARTESIA* Pool

EDDY

Please indicate location:

County. Date Spudded *3-21-64*

Date Drilling Completed *4-15-64*

Elevation *3610 GL* Total Depth *2310* PBTB *2294*

Top Oil/Gas Pay *1990* Name of Prod. Form. *Grayburg*

PRODUCING INTERVAL - *1991.5; 1995; 2002; 2003; 2006; 2007; 2107; 2108; 2113; 2159; 2160; 2260;*

Perforations *2269; 2270; One shot at each depth.*

Open Hole _____ Depth _____ Casing Shoe _____ Tubing _____

OIL WELL TEST - **NO TEST * WATER INJECTION WELL**

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____ Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____ Choke

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed *RECEIVED*

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: _____ MCF/Day; Hours flowed *APR 27 1964*

Choke Size _____ Method of Testing: _____ *O. C. C.*

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): _____

Casing _____ Tubing _____ Date first new _____ Press. _____ Press. _____ oil run to tanks _____

Oil Transporter *None*

Gas Transporter *None*

Remarks:

Water Injection Well authorized in Order 2335A

R 2345A

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved *APR 27 1964*, 19_____

CIMA CAPITAN, INC. (NSL)

(Company or Operator)

OIL CONSERVATION COMMISSION

By: *M. L. Armstrong*

By: *Lucas C. Baker*

(Signature)

Title **SECRETARY TREASURER**

Send Communications regarding well to:

Name *SAME, Box 1343, Artesia, NM*

Address _____

Title *Oil and Gas Inspector*