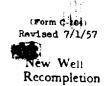
NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico



REQUEST FOR (OIL) - (GAS) ALLOWABLE

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.

			Manos san Warten water	
		POLIBOTI	(Place)	(Date)
		-	ING AN ALLOWABLE FOR A WELL KNOWN AS:	校置
∪na esy ∴ /Co	mpany of Ot	PERMIT	Company N.H. State *C", Well No. 3 in. SH	41/4
o V	Sec	12	(Lesse) T. 195 , R. 265 , NMPM., E. Sillmen the en Gbg.	D
S d d y	e indicate	location	County. Date Spudded 2-15-59 Date Drilling Completed Elevation Total Depth PBTD Top Oil/Gas Pay 1763 Name of Prod. Form. (1868 & Frag	3-13-59 2 197
FICA	se mulcate	iocauoii.	- Top Oil/Gas Pay 1763 Name of Prod. Form. (1966) & Gray	rbu r g
D	C B	A	PRODUCING INTERVAL -	<u></u>
	77		Perforations 1763-76, 2150-67, 2172-78	
E	F G	H	Open Hole Depth Casing Shoe 2231 Depth Tubing	2151
L	K J	I	OIL WELL TEST -	choke
_	_ _	"	Natural Prod. Test: 25 0 to bbls.oil,bbls water inhrs,	min. Size_
			Test After Acid or Fracture Treatment (after recovery of volume of oil equ	
M	N O	P	load oil used): 56.71 bbls.oil,bbls water in _4 hrs,	Choke min. Size
	×			-
		لــــــلـــ	GAS WELL TEST -	
ubing ,Casing and Gementing Recor			Method of Testing (pitot, back pressure, etc.): Test After Acid or Fracture Treatment: MCF/Day; Hours	flowed
R 5/8	386	250	Choke Size Method of Testing:	
5 1/2	2231	275	Acid or Fracture Treatment (Give amounts of materials used, such as acid, v sand): 30,000 #818, ref. oil & 135,000# sand	water, oil, and
2	2151		Casing Tubing Date first new Press. 100 oil run to tanks 3-28-59	
			Cil Transporter Permian Cil Company	······································
	<u> </u>		Gas Transporter	
emarks:				
		••••••		
			formation given above is true and complete to the best of my knowledge. Sunray Ad-Continent il Compan	ng.
-			(Gonnany or Operator)	A
ر الر		`	N COMMISSION By: (Signature)	
///	LU	rus	Send Communications regarding we	ell to:
tle			Name Sunray Fig-Citainent Oil C	
			Address Box 128, Hopbs, N. M.	