NEW ... EXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

REQUEST FOR (OIL) - MGAS) ALLOWABLE 8

959 New Well

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.

						esiaNew. ace)	Mexico	July	8, 1959 (Date)
Wes	stern	- Yate) 8	NG AN ALLOWABI State 64	8, Tr. 15 W	LL KNOWN /ell No15	AS: 1, in	ne ;	/ SE //,
	(Compar	ny or Ope	rapor /	., T19.S, R	(LCESC)				
Unit	Letter	, Sec		., T, R	, NMI	РМ.,	THE PERSON		Pool
				County. Date Spu	dded 5-30-5	9 Date	Drilling Co	mpleted 6	-24-59
				Elevation 347	11	Total Depth	2141	PBTD	2114
	rease in	dicate lo	cauon:	Top Oil/Gas Pay					
D	С	В	A	PRODUCING INTERVAL					
		├ ┯	-	Perforations	1830-48		·		
E	F	G	H	Open Hole		Depth Casing Shoe	3115*	Depth Tubing_	1810*
L	77	+ +	+	OIL WELL TEST -					Chala
۳ ا	K	J	I	Natural Prod. Test:	60bbls.of	il,b	ols water in	24 hrs,	Choke min. Size
Ī		1		Test After Acid or			•		
M	N	0	P					•	Ch a li a
İ		1	1 1	load oil used): 2	<u> </u>	Dbls v	ater in	Lhrs,U	_min. Size
		1		GAS WELL TEST -					
10	2 102	and &	601E	Natural Prod. Test:		MCF/Dav: Hour	s flowed	Choke	Size
- •			ting Recor						
Size	•	Feet	Sax						
				Test After Acid or	Fracture Treatmer	nt:	MCF/	Day; Hours	flowed
10	3/4"	287		Choke Size	_Method of Testir	ng:	·		
<u> </u>	3/ 4	201	set						
8 9	5/8	1880	pulled	Acid or Fracture Tr		_	_	n as acid,	water, oll, and
				sand): 31,586	gals. and	60,000 Iba	. sand	 	
4 1	1/2	2115	300	Casing Tu Press. 550 Pr	ess. 320 oil	run to tanks	July 8	1959	
	<u>. 1 </u>			Oil Transporter				- -	
2	••	1810							
				Gas Transporter	RUI CORRECT	190			
emarks	5 :		• • • • • • • • • • • • • • • • • • • •		********************	********************		•••••••	
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pprove	d		JUL	9	***************************************	Waster:	ompany or Op	erator)	•••••••••
					_	CUNA	X	ć. k	
	OIL C	ONSER	VATION	COMMISSION	By:	- 00	Signature	1 -	
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.1		41L ###	GAS INSPE	EGTOD		Send Comm	unications re	garding w	cu w.
tle			~AU /NUFE		Name	Western	Develop	ment C	ompany
						P. O. 1	Box 427.	Arteni	a, New Mex
					Addres	8			

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