

(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.

				(Place)	**********************	******	·····
VE ARE I	HEREBY R	EQUESTI	NG AN ALLOWABLE F HANSON FEDERAL	OR A WELL KNO	OWN AS:	NE	Nul
م لله	Unit Letter		Tog (Let	, Well No		, in	
U -	, Sec	66	, T, R	, NMPM.,	UNDEBLO	} <i># AT S P</i>	Pool
E) DY		County. Date Spudded	<i>II/20/58</i>	Date Drilli	ng Completed	I /5/5 9
Plea	se indicate	location :	County. Date Spudded. Elevation Top Oil/Gas Pay	Total [Depth 200	PBTI)
D	C B		Top Oil/Gas Pay	Name of	f Prod. Form		
	I		PRODUCING INTERVAL -	T794			
E	F G	H	Perforations 1768 - Open Hole -	Depth	2005	Depth	1900
				Casing	Shoe	Tubing	
L	K J	I	OIL WELL TEST -	-		24	- Choke MAN
			Natural Prod. Test:				
M	N O	P	Test After Acid or Fract load oil used):	ure Ireatment (after	recovery of v	olume of oil e	equal to volume of Choke NONE
			GAS WELL TEST -		_DDIS water in	hrs,	min. Size
3301	V - 23	10 W					
	ing and Cem		 Natural Prod. Test: Method of Testing (pitot 				e Size
Size	Feet	Sax	Test After Acid or Fract				s flowed
8	580	50	Choke SizeMeth			_	
200							
~~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	<u> </u>		Acid or Fracture Treatmen I/II/59 - sand):	SANDFRAG W	ITH 650		ri & 80,000#
51	2005	<i>I00</i>	Casing 350 Tubing Press. Press.	30 Date first n	iew J.	ANUARY .	13, 1959
			sand): Casing 550 Tubing Press. Press. Cil Transporter	ALCO REFINE	RIES, I	NCROS	VELL, NEW NEX
		L	Gas Transporter				
marks:		••••••			•••••	••••	
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			rmation given above is tru	- 1	he best of my	knowledge.	
proved	•••••••••••••••••••••••••••••••••••••••		, 19		(Cémpany)	or Operator)	••••••
OI	L CONSEI	VATION	COMMISSION	By:	L. M.	ill	
>	n e l	2	t	,	(Sigr	ature)	
:	124	m	wrong	Title	Communicatio	ons regarding	well to:
tle	4.7 a.≢24 ***	· · · ·		W.C.	WELCH,		
				NameBo		· · · · · · · · · · · · · · · · · · ·	
				Address	ARTESIA	, NEW H	BXICO.

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NEW M. CO OIL CONSERVATION COL SS SANTA FE, NEW MEXICO	SION Form C-110 Revised 7/1/55							
(File the original and 4 copies with the appropriate district office)								
CERTIFICATE OF COMPLIANCE AND AUTHOR TO TRANSPORT OIL AND NATURAL GAS	IZATION							
Company or Operator W. C. WELCH Lo	ease HANSON FEDERAL							
Well No. I Unit Letter C S 22 T I9S R 28E Pool	Un designated							
County Easy Kind of Lease (State, Fed. or Pa	atented) FEDERAL							
If well produces oil or condensate, give location of tanks: Unit C S 22 T I9S R 28E								
Authorized Transporter of Oil or Condensate MALCO REFINERIES, INC.,								
Ro swell, k	VEW MERICO.							
Address								
Authorized Transporter of Gas No WARKET FOR GAS								
Address								
(Give address to which approved copy of this form	-							
lf Gas is not being sold, give reasons and also explain its present disposition:								
<u> </u>								
Reasons for Filing: (Please check proper box) New Well New Well ()								
Change in Transporter of (Check One): Oil () Dry Gas () C'head () Condensate ()								
Change in Ownership () Other	()							
Change in Ownership () Other () Remarks: Give explanation below)								

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the Igen day of JANUAR	r 19 5 9
	By W. C. Welch
Approved1	9
OIL CONSERVATION COMMISSIO	ON Company W. C. WELCH
By ML amstrong	BOX 401 Address
Title	ARTESIA, NEW MEXICO.