NEW ... EXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

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

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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) (Date)
W. C. NELCH			ING AN ALLOWABLE FOR A WELL KNOWN AS: HANSON FEDERAL, Well No. 2, in SE NW4, 14, (Lease)
			(Lease) T. 195 , R. 28E, NMPM., E. MILLMAN QUEEN GRAYBURGPool
			County. Date Spudded 5/11/59 Date Drilling Completed 7/20/59
Please indicate location:			Elevation Total Depth 2200 PBTD 2196
D	СВ	A	Top Dil/Gas Pay 1994 Name of Prod. Form. Grayburg PRODUCING INTERVAL - 2178-74 2120-16 2002-2000 2134-30 2080 70 2002
E	F G 2	H	Perforations 2134-30 2082-78 2000-1994 Open Hole
L	K J	I	OIL WELL TEST - Choke Natural Prod. Test: <u>3</u> bbls.oil, <u>-</u> bbls water in <u>24</u> hrs, <u>min. Size</u>
M	N O	P	Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke the choke the chok
1/05:		_	<u>GAS WELL TEST</u> -
	/N 22	'	
abing "Ci Sire	asing and Ge Feet		rd Method of Testing (pitot, back pressure, etc.):
8	550	1	Test After Acid or Fracture Treatment:MCF/Day; Hours flowed Choke SizeMethod of Testing:
7	2196	I20	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand):
			Casing Press. 240 Press. 50 Date first new oil run to tanks JULY 28, 1959
			Oil Transporter CACTUS PETROLEUM, ANG.
8 B	OWN AB	078. 1	- Gas Transporter
I her	eby certify t JU	hat the info L 3 0 195	ormation given above is true and complete to the best of my knowledge.
\sum	DIL CONSE	ERVATION	COMMISSION By: (Signature)
		VILLIZ.	Title. AGENT Send Communications regarding well to:
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Address...

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