NEW MEXICO OIL CONSERVATION COMMASSIBLE C E I V E D (Form C-104) Revised 7/1/57 Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLE 18 1960 New Well Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to allow completed Oil or Gas well.

able wil	l be as of com	signed effo pletion of	ective 7:00 r recomple	QUADRUPLICATE to the same District Office to A.M. on date of completion or recompletion, protion. The completion date shall be that date in the	ovided this form is filed during calendar e case of an oil well when new oil is deliv-
ered in	to the	stock tank	s. Gas mus	t be reported on 15.025 psia at 60° Fahrenheit.	
				(Place)	New Mexico 1/15/60 (Date)
			_	NG AN ALLOWABLE FOR A WELL KNOWN	
Elwy	Cornp		& Me be	l E. Hale Hale Fed., Well No	c, inNW/4NE/4,
	B Lotter	, Sec.,	1	, T. 19 S., R. 30 E, NMPM.,	Culwin Pool
•				County. Date Spudded 12/8/59	te Drilling Completed 12/24/50
		indicate lo		Elevation 3506 Total Depth	3320 PBTD
D	Гс	В		Top Oil/Gas Pay 3080 Name of Pro	d. Form. Queen
			"	PRODUCING INTERVAL -	•
E	F	G	H	Perforations 3080-97 Depth	Deoth
	•	l G	"	Open Hole Casing Shoe	
	K	J	+	OIL WELL TEST -	Challa
L	Α	"	I	Natural Prod. Test:bbls.oil,	Choke bbls water in hrs, min. Size
M	N	- 0	P	Test After Acid or Fracture Treatment (after reco	Choka
M	N			load oil used): 45 bbls.oil, bbls	water inhrs,min. Size
L	ļ	1 100	10:2	GAS WELL TEST -	
-	lec 1			Natural Prod. Test: MCF/Day; Ho	ours flowedChoke Size
Tubing Siz	•	g and Ceme: Feet	nting Recor Sax		
	. .			Test After Acid or Fracture Treatment:	
8 5	/8	760	75	Choke Size Method of Testing:	
	10	2230	150	Acid or Fracture Treatment (Give amounts of mater	ials used, such as acid, water, oil, and
5 1,	2	3317	150	sand): 20 000 graft oil 8 54 000 Casing Tubing Date first new	# 3d
				Casing Tubing Date first ne	
		·		Oil Transporter Cactus Pat. Co.	
				Gas Transporter	
Remark	LS :	••••••			
	• • • • • • • • • • • • • • • • • • • •		·····		
1 3	 ereby	certify the	at the info	rmation given above is true and complete to the b	est of my knowledge.
Approv	ed	JAN 1	9 19 50	rmation given above is true and complete to the boundaries, 19	Company or Operator)
,	OIL	CONSER	VATION	COMMISSION By: () K)	(Signature)
Ву: .//.	<i>]]</i>]	Una	SPECTOR	Title Consulti Send Com	ngGeologist
Title	*F - 1		1	Name de De	Frynan
				304 Ca	rper Bldg anto-d

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