NEW MEXICO OIL CONSERVATION COMM. SINTE DE IVE D (Form C-104) Revised 7/1/57 Santa Fe, New Mexico 4061

REQUEST FOR (OIL) - (SAS) ALLOWABLEN 5

1961 New Well

This form shall be submitted by the operator before an initial allowable will be assigned to an Conspleted Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form E-107 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.

into the	stock tanks.	Gas must	be reported on 15.025 psia	Midland, Tasses	June 2, 1961 (Date)
			- AN ATTOMABLE FO	- A WELL KNOWN AS:	
ARE HE	REBY RE	QUESTIN	G AN ALLOWABLE FO	R A WELL KNOWN AS: Well No, in	SB /4 BV /4,
(Com	pany or Oper	end. Fed ent) 21	(Lease)	NMPM N. Shugart Cure	
Find Lett	, Sec				
1	nidy		County. Date Spudded	Date Drilling C	PBTD 3529
Please	indicate lo	cation:	Elevation	Name of Prod. Form-	Owner Sand
		T A			
) (3 B	^	PRODUCING INTERVAL -		
			Perforations 3240 -	1262 W/A shots per foot	Depth Tubing 3200
E	F G.	H	Open Hole	Casing Shoe \$560	Tubing 2400
				•	Choke
	KJ	+ I		bbls.oil,bbls water	inhrs,min. Size
r	*	-		(after recovery of vor	Chaka
Ì			Test After Acid or Fract	_bbls.oil,bbls water in	hrs, O min. Size
M	N O	P	load oil used):	_bbis,011,	
1		1	GAS WELL TEST -		on 1 : C1 == '
		NO 6	M Natural Prod. Test:	MCF/Day; Hours flowed	Choke 2126
10' Ex	N N 103		ord Mathed of Testing (pito	t, back pressure, etc.):	
	sing and Cen Feet	SAX	Anid or Frac	ture lieatment.	•
Size			nest Arter Note to Mot	hod of Testing:	
8 5/B	768	175	Choke Size	in the word	such as acid, water, oil, a
<u>g 2/9</u>			Acid or Fracture Treatm	ent (Give amounts of materials used,	nang sand
4 1/2	3560	200		IA AND GOL OLL	9-1000H
		1			
2 3/8	3200		Gil Transporter The	Permiss Corporation	
		1	Ull Hansporter	ed - No cut let pet	
			Gas Transporter		
emarks:					***************************************
		•••••••	***************************************		***************************************
				and complete to the best of my	knowledge.
I he	reby certify	that the	information given above is	true and complete to the best of my	Cort
A norowe	. , , , , d		51961, 19	(Compan)	or Operator)
				- X / / / / / / / / / / / / / / / / / /	JJTESTA
	OIL CON	SERVATI	ON COMMISSION	By(Si	gnature)
	m 4/)	time	Title Operator	i meding well to:
By:	1/14	mil	roug	Send Communication	tions regarding well to:
	OIL AND GA	S INSPECT	TOL T	NameJ. J. Travia	
Title				Address Box 873, Mid	land Toxas
				Desc 1875, 2310	Comments of the Comments of th

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			ANSPORTER	
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