IEXICO OIL CONSERVATION (Santa Fe, New Mexico

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

> New Well / Reference

REQUEST FOR (944) - (GAS) ALLOWARDE 1 1958

SION

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.

WE AR	E HER	EBY R	EQUESTI	NG AN ALLOWABLE FOR	A WELL KNO	WN AS:	
B n - Aino	Compan	Petro	Loum Cor	rporation Greenwood U	nit Well No2	, in.	
				, T. <u>18-5</u> , R. <u>31-F</u>		1 1 1 1 1 Co 1	11
	dy			County. Date Spuddedg	10_57	Date Drilling (completed 1.0.50
	lease inc			Elevation 3650 RDB	Total De	pth_12925	PBTD_11.95
DC		B	BA	Top 0i1/Gas Pay 10912	Name of	Prod. Form. Po	nneylvanien
-				PRODUCING INTERVAL -			•
E	F	G	+ H	Perforations 10912 109	10. 11.25	11.28/1	ahaha yan Pash
<u> </u>	F			Open Hole	Casing S	hoe 12780	Tubing10860
		X		OIL WELL TEST -			
	K	J	I	Natural Prod. Test:	bbls.oil,	bbls water in	Cho hrs. min. Siz
				Test After Acid or Fracture T			*
N	N	0	Р	load oil used):bbls			Chaba
				GAS WELL TEST -			
he	- 21	an_1.	d_e po				
]turai Prod. Test:			
Size		ina Gene: Feet	nting Record Sax				
				Test After Acid or Fracture T		· · · · · · · · · · · · · · · · · · ·	
16		770		Choke Size 1,1,/61, Method of	Testing:	4 point bec	c pressure
				Acid or Fracture Treatment (Gi	t ve amounts of mat	erials used, suc	ch as acid, water, oil, a
10-3,	/4 6	420	1735	sand): Acidized with	1500 gallon		
7		863	770	Casing Tubing Press. 1006 Press.	Date first new	v	
				Oil Transporter			
2-7,	مداه/	660		Gas Transporter Potash C			
marks	*						
•••••	•••••	•••••		•••••••••••••••••••••••••••••••••••••••		******	
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	•	•		rmation given above is true an	-	-	-
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	911 11	U GAS	wsfei iuf		Send Co	ommunications t	egarding well to:
tle			Y	*********	NameR. L.	Handwicker	
			Ń				71.
					AddressBox (68. HobbsIM	••••••••••••••••••••••••••••••••••••••

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