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.

/ Co	mnanv or ()	retaine i		/ T a a a a \					4
Unit Le	, Sec nor	······································	, Т	, R	, NMPN	Л.,	THRE		Pool
	Ed d y		County. Da	te Spudded	-17-57	Dat	• Drilling (completed	3-17-58
Please indicate location:		Elevation	<i></i>	Total Depth 3092 PBTD Name of Prod. Form. Takes					
D	C B	A			· · · · · · · · · · · · · · · · · · ·	_Name of Prod	l. Form	Yates	
			PRODUCING IN	TERVAL -					
E	F G	H	Perforations	2406-2	418	Depth Beat	s per f	Benth Denth	
x			Open Hole			Casing Shoe	2542	Tubing	2390
L	KJ	I	OIL WELL TES	-		_			XX.
~	~ "		Natural Prod	. Test: 12	bbls.oil,	,b	bls water in	1 24 hrs,	Choke Diametric
,	,		Test After A	cid or Fracture	Treatment	(after recov	ery of volum	ne of oil equ	al to the of
M	N O	P	load oil used	d): 25 bb	ols.oil,	O bbls	water in 2	hrs,	min. Size
			GAS WELL TEST	<u>r</u> -					
			- Natural Prod	- · Test:		MCF/Day: Hou	rs flowed	Choke	Si ze
bing ,Cas	ing and Cem	enting Recor		sting (pitot, b			-		···
Size	Feet	Sax							flowed
0 3/4	de:	50	i .	Method					
0 3/4	874	50			·				
8 5/8	2890	200	1 10	ure Treatment	(Give amoun	ts of materia	als used, su	ch as acid, w	vater, oil, and
_			sand):	Tubing	Date 1	first new	and 15	, ou ga	llons lease
7	2542	100		Tubing Press					
			Oil Transport	Cat	tus Pe	troleum	Compan	A MIGI	and, Taxas
	· ·	<u> </u>	Ges Transport	:07					
narks :	••••••			***************************************					
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	**************	***************	******	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					***************************************
I hereb	y certify th	at the info	rmation given	above is true	and comple	ete to the bes	t of my kno	wledge.	
roved	***********	J.	mation given 311958	19	4	Lee	Oil Co	mpany	******
				•		/ ^	·		
OI	L CONSEI	RVATION	COMMISSIO	N	By:	W alfr	7 <u> ()</u>	dkin	<u>, </u>
m	41		1				. (Signatus	e)	
	L (1)	usse	Elity	***************	TitleA	gent Send Comm	······································		
		stat Anti-	1. 5. (19 5. 2 2 7 1 2	!		send Comm	iunications i	egarding we	и ю.
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					7.4 WILLE			4	

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NEW MEXICO OIL CONSERVATION COMMISSION Form C-110 SANTA FE, NEW MEXICO Revised 7/1/55

(File the original and 4 copies with the appropriate district office)

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1952

Company of	r Operator	il Company	L	ease L.C. 029356
	3-23 Unit Letter_		19 R 31 Pool	Fones Federal West Luck
County	TAGE	Kind of Lease	(State, Fed. or Pa	atented)
If well prod	luces oil or condensa	te, give locati	ion of tanks:Unit_	S 23 T 10 R 31
	Transporter of Oil o			
Address	(Give address to wh	fidlerd for ich approved	copy of this form i	s to be sent)
	Transporter of Gas_			
Address				
lf Gas is no	(Give address to whot being sold, give re	asons and also	o explain its prese	
Reasons for	r Filing:(Please chec	k proper box)	New Well	<u> </u>
Change in I	Transporter of (Check	One): Oil () Dry Gas () C'	head () Condensate ()
Change in C	Ownership	()	Other	()
Remarks:			(Give e	explanation below)
mission hav	ve been complied with	1.		Oil Conservation Com-
Executed th	ais theday of	lejà	1956	•
			By Way	il adking
Approved	JUL 3 1 1958	19	TitleAgent	
OIL C	CONSERVATION COM	IMISSION	Company	Oil Company
By ML	amustrona		Address _	₩ ₩
Title	OIL AND GAS INSPECTOR		P.O.	Box 962
	v		Artesi	a, New Mexico

OII- CONSERVATION COMMISSION
APTISIA DISTRICT OFFICE
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DISTRICT OFFICE
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