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

REQUEST FOR (OIL) - (GAS) ALLOWARDE 2 1 196 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 Fore 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.

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<b>.</b>		<b></b>		(Place)	(Date)
E ARE I	HEREBY :	REQUEST	ING AN ALLOWABLE	FOR A WELL KNOWN AS:	NW SW
				Well No	in 1/ 1/
L	Sector Sector	<b>29</b>	19 South 31 <sup>-1</sup>	NMPM North Hack	berry Tates Pool
	tter Ly	••	, <b>-</b>	10-1-60	11-1-60
· ····	~	• • • • • • • • • • • • • • • • • • • •	County. Date Spudde	10-1-60 Date Dril d	ling Completed
Pleas	se indicate	location:		Iotal Depth	PBTD
D	C B	A	lop 011/Gas Pay	Total DepthName of Prod. Form	•
E	F G	Н	Perforations 2057-9	0, 2242-44, 2247-50, 225	Depth 2060
_			Open Hole	Depth Casing Shoe 235	5 Depth <b>2060</b> Tubing
<del></del>	V T		OIL WELL TEST -		
L L	K J	I	Natural Prod. Test:	bbls.oil,bbls wat	Choke ter inhrs,min. Size
				ture Treatment (after recovery of	
M	NO	P			in 24 hrs, 0 Chok Op 2
			GAS WELL TEST -		
90 1 2	2310 3	/			
bing Co.	the and Car	menting Reco		MCF/Day; Hours flow	
Size	Feet	SAX	(pito	t, back pressure, etc.):	
		<u> </u>	Test After Acid or Frac	ture Treatment:	MCF/Day; Hours flowed
8-5/8*	732	50	Choke SizeMet	hod of Testing:	
5-1" 2355" 100		100	Acid or Fracture Treatme	ent (Give amounts of materials use	d, such as acid, water, oil, and
7-2	~)))			Sand, 710 bbls eil	·, ··· ··· ··· · ··· , ···· , ··· , ··· , ··· ,
					19-60
		+		tus Petreluem, Inc.	
			Cil Transporter		
	• · · · ·		Gas Transporter		
111 <b>41 KS</b> :		•••••	· · · · · · · · · · · · · · · · · · ·		••••••••••••••••••••••••
••••••••		•••••••••••••••••	•••••••		•••••••••••••••••••••••••••••••••••••••
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	y certify tl	$\mathbb{N} \mathbb{V} \mathbb{V} \mathbb{Z}$	I 1900	ue and complete to the best of my Len Mayer	y knowleage.
proved		•••••••••	, 19	(Commany	y or Operator)
011	CONCE	DVATION	CONVISSION	Bu Ken MI	IMARA
		KVATION	COMMISSION	Dy:	marture)
. N	L ( ] g	anisil	1- 4 08 11 0:	Owner (	<u> </u>
		IS INSPECTI	• • • • • • • • • • • • • • • • • • •		ions regarding well to:
:le			<u> </u>	Len Mayor	
				P.O. Bex 5613,	Regwell, N.H.
				Address	

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