NEW MEXICO OIL CONSERVATION COM.

Santa Fe. New Mexico

RECEIVED

(Form C-104)

Ravised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWARDE 17 1961

New Well Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed that 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.

		•	Reswell, New Mexice April 14, 1961
WE ARE	HEREBY	REQUESTI	(Place) (Date) TING AN ALLOWABLE FOR A WELL KNOWN AS:
Len	Mayer		Barbara Federal , Well No. 4 , in SW 1/4 SW
, (' C)	T 198 , R 31E , NMPM., North Hackberry Yates Po
Unit I	, Se	·c47	
Eddy	•		County. Date Spudded 12-22-61 Date Drilling Completed 1-16-61
	ase indicate		Elevation 3480 GL Total Depth 2367 FBTD
T	C B	A	Top Oil/Gas Pay 2229 Name of Prod. Form. Yates
			PRODUCING INTERVAL -
E	F G	H	Perforations 2229-32,2237-43 Depth Depth Depth
*	F G	n n	Open Hole Casing Shoe 2367 Depth Tubing 2367
			OIL WELL TEST -
L	K J	I	Chok Natural Prod. Test: bbls.oil, bbls water in hrs, min. Size
			Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of
М	N O	P	load oil used): 20 bbls.oil, 0 bbls water in 24 hrs, 0 min. Size
I	1		GAS WELL TEST -
301 W 9	9018		Natural Prod. Test: MCF/Day; Hours flowed Choke Size
		menting Reco	
Size	Fret	SAX	
		1	Test After Acid or Fracture Treatment: MCF/Day; Hours flowed
8-\$/8	7201	50	Choke Size Method of Testing:
0] H	m/m!	305	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, an
2-1"	23671	175	sand): 400 bbls eil, 8000 lbs. Sand
		İ	Casing Tubing Date first new Press. 250# Press. 50# oil run to tanks April 7,1961
			Oil Transporter Permian
,			Gas Transporter
· lemarks:.		•••••	
I her	eby certify	that the infe	formation given above is true and complete to the best of my knowledge.
			ECTOL 19 Len Mayer
грргочса.			(Company of Operator)
C	IL CONS	ERVATION	N COMMISSION By: Alan Allery Cit
5			/ (Signature)
y:/./,	1211	111112	Title Owner Send Communications regarding well to:
itle	ΔPR	1 7 1961	
	······································	. 5	Name Len Mayer
			Address P.O. Bex 1495 Reserved

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