NEW "EXICO OIL CONSERVATION COMMISSION

Santa S. New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well Recompletion

This form shall be submitted by the operator before an utified addivable 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 off well when new oil is delivered into the stock tanks. Gas must be reported on 13.025 beta at 50° Fahrenheit.

				Castry	, Well No.	2 , ir	n S W	1/4SE1/4,
(Con	npany or Op Sec	rator) 37	T 205	(Lesse) R 28E	NMPM.	SaladarYa		Sec Prol
Unit Let		·····			······, ·····			10/00/00
-			County. Da	ate Spudded]	10/10/57	Date Drilling	Completed PRTD	.10/30/57
Pleas	e indicate l	ocation:				of Prod. Form.		
	СВ	A	PRODUCING I					
C 1	F G	H		s <u>None</u> 625-675	Dect	h ng Shoe 625	Depth Tubing	625
L .	K J	I	OIL WELL TE Natural Pro		bbls.oil,	0bbls water	in <u>24</u> hrs	Choke ,min. Size
<u>м</u>	N O	P-2310->	Test After load oil us	Acid or Fractur med): 15 t	re Treatment (aft obls.oil,	er recovery of vol	ume of oil e	qual to volume of Choke <u>s</u>
	•	2310	GAS WELL TE	<u>ST</u> -				
						Day; Hours flowed		
ning "Cas Sure	ing and Com Feet	nting Heco Sax				etc.):		
						N		
200	625	30						
			Acid or Fra	icture Treatment	: (Gi ve amounts o	of materials used,	such as acid	, water, oil, and
<u> </u>			sand): Le Casing Press. 35	Tubing Press.	II bulk 10/2 Date firs	0. 8000 galle inew tanks 2Jan	58	
	1		Oil Transpo	orter Mal	<u>co Refineri</u>	es. Box 660.	Roswell	New Mexic
		<u> </u>	Gas Transpo	orter biz	Sam	Watnos	5020	then_
marks :			······ • ··· ···	inde	pinded	I true	lel?	
						•••••	•••••••••••••••••••••••••••••••••••••••	•••••••••••••••••••••••••••••••••••••••
					•••••••••••••••••••••••••••••••••••••••			
I hereb	by certify the	hat the inf	ormation give	n above is true		to the best of my k	nowledge.	
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O	IL CONSE	RVATION	COMMISSI	ION	By:	(Sign	iture)	C
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