<b>-</b> ,		N	E. MEXICO OIL CONSERVATION COM.valSSION
			Santa Fe, New Mexico SEP 1 1 1964
		REQ	UEST FOR (OIL) - (GAS) ALLOWARLE New Well
Form C-104 is able will be a month of cor	s to be sub ssigned eff npletion or	mitted in Q ective 7:00 r recomplet	DUADRUPLICATE to the same District Office to which Form C-101 was sent. The allow- A.M. on date of completion or recompletion, provided this form is filed during calendar tion. The completion date shall be that date in the case of an oil well when new oil is deliv- t be reported on 15.025 psia at 60° Fahrenheit.
		/	Carlsbad, N. M. 9-8-64 (Place) (Date)
WE ARE HE	EREBY RI	√ EQUESTIN	(Place) (Date) NG AN ALLOWABLE FOR A WELL KNOWN AS:
(Company or Operator)			IC=050727, Well No. W1118=28, in SW 1/4, (Lesse)
Unit Lette	, Sec.	<u></u>	., T20. S, R. <u>28 é</u> , NMPM., <u>Russell</u> Pool
Edd	¥.		County. Date Spudded 1-12-57 Date Drilling Completed 1-18-57
Please	indicate lo	cation:	Elevation <u>3215</u> Total Depth <u>815</u> PBTD Top Oil/Gas Pay <u>751</u> Name of Prod. Form. <u>Yates Sand</u>
D C	B	A	PRODUCING INTERVAL -
EF	G.	H	Perforations Shot w/60 cuarts 803 to 780   Depth Depth   Open Hole Casing Shoe
			Open HoleCasing ShoeTubing
LK	J	I	<u>OIL WELL TEST</u> -
			Natural Prod. Test: <u>Nature in jection use prior to shooting</u> Choke Natural Prod. Test: <u>Nature Bolis Water in hrs</u> , min. Size Test After ACLENT Fracture Treatment (after recovery of volume of oil equal to volume of
MN	0	P	load oil used): 1 bbls.oil, 25 bbls water in 24 hrs, min. Size
			GAS WELL TEST -
6601.	5 13	15/W	Natural Prod. Test:MCF/Day; Hours flowedChoke Size
Tubing ,Casin	ng and Ceme	nting Record	
Size	Feet	Sax	Test After Acid or Fracture Treatment:MCF/Day; Hours flowed
43	815	634	Choke SizeMethod of Testing:
			Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and
			sand): Shot w/60 quarts nitroglycerine 803 to 780
	1		Casing Tubing Date first new Pressoil run to tanks <b>9=1=61</b>
			Oil Transporter Noil H. Wills
			Gas Transporter
Remarks:		ssaold	well.which.has.been.on.injection.and.now.after.shcoting.on
			ut on production
		• /	
			rmation given above is true and complete to the best of my knowledge.
Approved	SEP.	L.1.1904	
		1	COMMISSION By:
By:	(1)-1	1124	TitleAgent Send Communications regarding well to:
			Send Communications regarding well to:
1 ILIC			Name
		. •	AddressDrawer.WCarlebadyNMa

	ATION COMMISSION
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