NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

(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 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.

		-Albuquerque, New Mexico November 24, 1
		NG AN ALLOWABLE FOR A WELL KNOWN AS:
Kent Elliott		Leeson , Well No. 2 , in NW 14 SW 14,
npany or Op	erator)	(Lesse) Delance Cut., T25N, R3W, NMPM.,
		County. Date Spudded. Oct. 6.58 Date Drilling Completed Oct. 13.58 Elevation 7215 Total Depth 3650 PBTD 3634
	1	Top Oil/Gas Pay 3578 Name of Prod. Form. Pictured Cliffs
C B	A	PRODUCING INTERVAL -
		Perforations 3578 to 82 3602 to 08 3614 to 22 Depth Depth
r G		Open Hole Casing Shoe 3650 Tubing 3610
KJ	Ī	OIL WELL TEST - Choke
		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 Choke
N O		load oil used): bbls.oil, bbls water in hrs, min. Size
ŀ	1	GAS WELL TEST -
		Natural Prod. Test: MCF/Day; Hours flowedChoke Size
4 a-d Cam	antine Bees	
_	_	
		Test After Acid or Fracture Treatment: 1385 MCF/Day; Hours flowed 3
l nd	100	Choke Size 3/4 Method of Testing: Back Pressure
76		Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and
3650	200	
		sand): 1200 Bannals Water 25 000 # sand Casing Date first new
3619		Press. 1032 Press. 1032 oil run to tanks
		Oil Transporter
		Gas Transporter Fl Paso Natural Gas
		\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
***************************************		(3) 9
		My houseledge
		ormation given above is true and complete to the best of my knowledge.
	#### A.D	(Company of Operator)
L CONSE	RVATION	COMMISSION By: Jay J. Hanris (Signature)
rai orgi	CA: VALUES	Title
ervisor Dist	. # 3	Send Communications regarding well to:
	- H -	Name Kent Elliott
		Addres 1500 Texas Avenue El Paso, Texas
	iba	iba

AZTEC DIS	STRICT OFFIC
No. Copies Reco	eived 4
DIST	REUTION
	NO.
Operator	1
Santa Fe	1
Proration Office	1_1_
State Land Office	
U. S. G. S.	
Transporter	
File	

: