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## NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico



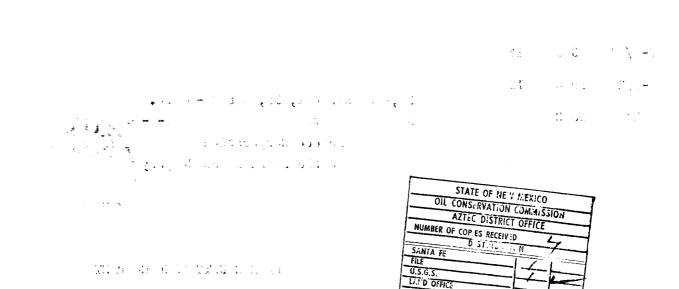
## REQUEST FOR (OIL) - (GAS) ALLOWABLE

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.

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		F0//F0=	(Place	•		(Date)
		-	NG AN ALLOWABLE FOR A WEL		. 150	., au .
(Con	npany or Op	crator)	McKennie-Federal , We (Lease)	II No <del>437.43</del>	, ın <del>////</del>	1/4
K	, Sec		, T. 25W , R. 6W , NMP	<sub>M.,</sub> Otere-G	allup	Poo
Unit Let			County. Date Spudded. 6-27-69	Data Data	34 <b>0</b> 1-4-3	7-16-60
	indicate 1		Elevation 6650 KB			
D [ /	<del>- 1 - 5</del>	1 4	Top Oil	Name of Prod. Form	. Callup	
D	B	A	PRODUCING INTERVAL -			
E 1	P G	H	Perforations  Open Hole 5908 -6025	Depth Casing Shoe <b>59</b>	Depth Tubing	58621
			OIL WELL TEST -	casing side	ructug_	
L	J	I	Natural Prod. Test:bbls.oil	,bbls wa	ter inhrs,	Choke min. Size
,,			Test After Acid or Fracture Treatment	(after recovery of	volume of oil eq	ual to volume of
M	1 0	P	load oil used): 56 bbls.oil,	• bbls water	in' <b>24</b> hrs, <u>•</u>	min. Size
			GAS WELL TEST -			
			Natural Prod. Test:	_MCF/Day; Hours flo	wedChoke	Size
•	_	nting Reco	Method of Testing (pitot, back pressu	re, etc.):		<del> </del>
Size	Feet	Sax	Test After Acid or Fracture Treatment	·	MCF/Day; Hours	flowed
7-5/8"	398	150	Choke Size Method of Testing	' <u></u>		
4-1/2°	5908	150	Acid or Fracture Treatment (Give amoun	nts of materials us	ed, such as acid,	water, cii, and
200	5862		sand): <b>39,906 gals all 35.</b> Casing Tubing Date	first new		
•	<i></i>		Press. 330 Press. 73 oil r		-60	
			Oil Transporter McWood Corpo		<del>/KLbL</del>	AED-/
l	<del></del>	<u> </u>	Gas Transporter Southern Un		AUG 1 5	5 1060
marks:	••••••	•••••••••			1	1
·· <b>····</b>		*****			700-110-6	r <b>1'''℃</b> ∪t:;
				ata ta the bast of -	w knowledge	******************
I hereby	certify th	at the info 30	mation given above is true and comple	ete to the best of n	CHOALEGE SERVE	
proved			, 19		y or Operator)	
OII	CONSE	RVATION	COMMISSION By:	- 7. Eaton		
					ignature)	
•			Title	District Engl		vell to:
s Super	visor Dist	#3		Send Communica		ich w.
	المارة المارة	# <b></b>	Name	KERN COUNTY 1	LAND COMPANY	

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