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. Cas must be reported on 15.025 psia at 60° Fahrenheit.

		-	Hobbs, New Mexico January 3, (Place)	_
WF ARF I	HERERY R	EOUESTI	ING AN ALLOWABLE FOR A WELL KNOWN AS:	(Date)
		•	1 Company Ka-Des-Pah , Well No. 2 , in SE /4	NE 1/
(Co	mpany or Op	erator)	(Lease) , T. 25N , R. 11W , NMPM., Bisti	
Unit Le	tter .			
San	Juan	· · · · · · · · · · · · · · · · · · ·	County. Date Spudded 12-16-57 Date Drilling Completed 12	-27-57 5001
Pleas	se indicate	location:	Elevation 6689 Total Depth 5280 PBTD Top Oil/Gas Pay Name of Prod. Form. Gallur Sand	-
D	C B	A	PRODUCING INTERVAL -	<u> </u>
			Perforations 5194 - 98 Schlumberger measurements	
E	F G	H _a	Depth Depth Open Hole Casing Shoe 5278 Tubing	5198
			OIL WELL TEST -	
L	K J	I	Natural Prod. Test: 117 bbls.oil, 0 bbls water in 24 hrs,	min. Siże_24/64
M	N O	P	Test After Acid or Fracture Treatment (after recovery of volume of oil equa	Choke
			load oil used): bbls.oil, bbls water in hrs,	min. Size
		<u> </u>	GAS WELL TEST -	
	4 0		Natural Prod. Test: MCF/Day; Hours flowedChoke S	-
Sire	ing and Com	Sax		
			Test After Acid or Fracture Treatment: MCF/Day; Hours f	lowed
8 5/8	300	175	Choke Size Method of Testing:	
5 1/2	5278	150	Acid or Fracture Treatment (Give amounts of materials used, such as acid, wa	ater, oil, and
			sand):	
2	5198		Oil Transporter McNood Corp. Abilene. Texas	IVEDY
	<u> </u>		Gas Transporter No gas purchaser in area	7 1950
Remarks:				ON: COM.
***********		•••••		3T:-3
		••••••		*
I herel	by certify th	at the info	formation given above is true and complete to the best of my knowledge.	•
Approved			58 19 Sunray Mid-Continent Oil Compan	y
			(Company or Operator)	
O	IL CONSE	RVATION	N COMMISSION By: (Signature)	
Origin	nal Signe	d Emer	ry C. Arnold Title Hobbs Area Superintendent	
Ву:	•••	•••••••	Send Communications regarding we	ll to:
Title Sup	ervis or Dist	. # 3	Name.Sunray Mid-Continent Oil Com	
			AddressBox128,Hobbs,New.Mexico	
			Vallen	<i>-</i>

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