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.

			Hobbs, New Mexico November 20, 1957 (Place) (Date)
WE ARE	HEREBY R	EQUEST	INC. AN ALLOWABLE POR A MELL WYOUNG AS
		. . 	
G (Ca	ompany or Op	erator) 23	(Lease) , T. 25N R. 11W NMPM.,
San	Juan		County. Date Spudded 11-2-57 Date Drilling Completed 11-18-57 Elevation Total Depth 5175
Please indicate location:		location:	Elevation Top Oil/Gas Pay 5080 Name of Prod. Form. Gallup Sand
Д	C B		Top Oil/Gas Pay Name of Prod. Form. Gallup Sand
	ا ا	•	PRODUCING INTERVAL -
			Perforations
E	F G	H	Open Hole Depth Casing Shoe 5196 Tubing 5097
			OIL WELL TEST -
L	K J	I	Natural Prod. Test: 328 bbls.oil, O bbls water in 24 hrs, min. Size 32/
İ			<u> </u>
М	N O	P	Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke
			load oil used):bbls.oil,bbls water inhrs,min. Size
			GAS WELL TEST -
			Natural Prod. Test:MCF/Day; Hours flowed Choke Size
Subing ,Can	sing and Com	enting Reco	Method of Testing (pitot, back pressure, etc.):
Size	Feet	Sax	Test After Acid or Fracture Treatment: MCF/Day; Hours flowed
8 5/8ª	300	200	Choke SizeMethod of Testing:
5 1/2"	5197	150	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and
			sand):
		l	Casing 520 Tubing Date first new oil run to tanks November 20, 1957
	1		Cil Transporter No gas purchaser in area.
			Gas Transporter No gas purchaser in area.
Remarks:	••••		A Manaporter / KILLIVIA
		•	MOV. 9.9. 1057
***************************************		••••••••••••••••••	NOV DA 134
T h!		Ab- !-f	ormation given above is true and complete to the best of my knowledge.
	No A surper		ormation given above is true and complete to the best of my knowledge. 1957 Sunray Mid-Continent Oil Company
approvea			(Company of Operator)
Ω	II. CONSEI	RVATION	COMMISSION By: Commission
			(Signature)
Ori Sy:	ginal Sig	ned Em	ery C. Arnold Hobbs Ares Superintendent
S	Supervisor D)ist. # 3	Send Communications regarding well to:
Title		//	NameSunray Mid-Continent Oil Company
			Address Box 128, Hobbs, New Mexico

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	verator	NO. NISHED
	Santa Fe	
	State Land Office	
	Transporter File	
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