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 A	lexi.co.,I	ecember	6,1957(Date)
E ARE	HEREBY	REQUESTI	NG AN ALLOWA	ABLE FOR	A WELL KNO	WN AS:	. *	, ,
unray M	id-Cont	lnent Oil	Co., Herbert F	Platero	, Well No	, ir	S.E.	¼S.W¼,
	ampany or	(ABCENDE)	, T250, F	11.09401				
			County. Date S					
		e location:	Elevation 0402	L.D.B.	Total D	epth059 Schl	umberger	
D	C	В А	Top Oil/Gas Pay_ PRODUCING INTERV		Name of	Prod. Form.	Gallup	
F:	F	2 77	Perforations_		4903		·	
E		3 H	Open Hole		Depth Casing	Shoe	Depth Tubing_	
L	K	J I	OIL WELL TEST - Natural Prod. Te	st: <u>73</u>	bbls.oil, 0	bbls water	in <u>24</u> hrs,	Choke min. Size 3/
M	- ' ' '	D P	Test After Acid	or Fracture 1	reatment (after	recovery of volu	ume of oil eq	- · ·
	*		GAS WELL TEST -					
			- Natural Prod. Te	st:	MCF/Day	; Hours flowed	Choke	Size
Bubling ,Ca Size	sing and G	ementing Recor	Method of Testing Test After Acid					
8 5/8 297 175		Choke Size	Method of	Testing:				
5 1/2	5053	150	Acid or Fracture	Treatment (G	ive amounts of ma	aterials used, s	uch as acid,	water, oil, and
			Casing Press.	Tubing Press.	Date first no oil run to ta	ew anks <u>12-15-5</u>		timen)
2 3/8	4877		Oil Transporter_ Gas Transporter_			-		1 9 1957
emarks:.			Gas Transporter_			•		
•••••		•••••			······································	•••••••••••	/ orr c	IST. 3
I here	by certify	that the infq	rmation given abov	ve is true ar	d complete to th	ne best of my kn	owledge.	
pproved		•			Sunray Mid-		M. Compa	ùy
0	IL CONS	ERVATION	COMMISSION	1	Ву:	(Signate	ure)	
Original Signed Emery C. Arnold					Title Hobbs Area Superintendent Send Communications regarding well to:			
itle	ervisor Di	St. # 3	••••••••••••••••••••••••••••••		Name Sunray M	id-Continer	t.Oil Cor	ip any

Address Box 128, Hobbs, New Mexico

La Commission Commission (Commission)