NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

(Form C-101) 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.

				(Place)	8/9/61 (Date)
E AR	E HEREBY	REQUESTI	NG AN ALLOWABLE FOR	A WELL KNOWN AS:	(
	*	•	ulder No. One		SW 1/2 NW 1/2
	(Company or C	perator)	(Lease)		, ,
	E Se	c14	, T. 28N , R. 1W	, NMPM.,Underignated	1Pool
-			County. Date Spudded7/	21 /63 Bata Baillian	Gernlebed o lo les
	Yease indicate				PBTD 46391
P	rase indicate	location:		Name of Prod. Form.	
D	C B	A			- Call III
	• 1		PRODUCING INTERVAL -		•
E	P G	H	Perforations 3995/4638	(Uncomented Liner)	Depth
	l .	"	Open Hole 3875/4638	Casing Shoe 3875	Tubing 4629
	X		OIL WELL TEST -		
L	KJ	I	Natural Prod. Test: 155	bbls.oil, O bbls water i	Choke
		[·]		reatment (after recovery of volu	. ,
M	N O	P	in the second se	: 1	Chales
			•	oil,bbls water in	nrs, <u> </u>
			GAS WELL TEST -	•	
	·		Natural Prod. Test:	MCF/Day; Hours flowed	Choke Size
ubing ,	Casing and Co	menting Recor	•	k pressure, etc.):	•
Size	Feet	Sax		reatment:MC	
	/		. ·	Testing:	
10-3	/4 ^m 128	90		1/3	- 1 /
7"	3875	175	Acid or Fracture Treatment (Gi	we amounts of materials used, so	uch as acid, water, oil, and
4_1	/2" 3833/4		sand):		
	d Liner	TO HOLD	Casing Tubing Press. Press.	Date first new oil run to tanks Auguset.	7. 1961
-		No.		rsum Construction Co.	- ;
e" 11	og. 4629	None	Gas Transporter		
merk		,	des transporter		DEDE
		••••••			. / 14 1 1 1 1
••••••					ALICETYFI
			***************************************	***************************************	AUGIII
I be	ereby certify t	hat the info	rmation given above is true an	d complete to the best of my kn	owiede OIL COA 1961
I be		hat the info	rmation given above is true an	d complete to the best of my kn	Alle
I be	ereby certify t	hat the infor	rmation given above is true and Alica 1 1 1961	d complete to the best of my kn	OWNER DE STATE OF THE COMPANY DE STATE
I be	ereby certify t	hat the infor	rmation given above is true an	d complete to the best of my kn MOBIL OIL Company or	owiedse. O/L CON 1961 COMPANY DIST 3 OM
I be	ereby certify t	hat the infor	rmation given above is true and Alia 11 1961	d complete to the best of my kn MOBIL OIL Company or P. M. Barry Signature	owledge. IL CON 1961 COMPANY DIST. 3 OM
I be	ereby certify t	t 10	commission	d complete to the best of my kn MOBIL OII Company or the best of my kn Company or the best of	owledge. II COAV COAV COMPANY DIST COAV COAV COAV COAV COAV COAV COAV COAV
I he	ereby certify t	t 10	COMMISSION COMMISSION NEER DIST. NO. 3	d complete to the best of my kn MOBIL OIL Company or P. M. Barry Signature Send Communications	owledge. II COAV COAV COMPANY DIST COAV COAV COAV COAV COAV COAV COAV COAV
I be	ereby certify t	t 10	COMMISSION COMMISSION NEER DIST. NO. 3	d complete to the best of my kn MOBIL OII Company or the best of my kn Company or the best of	owledge. II COAV COAV COMPANY DIST COAV COAV COAV COAV COAV COAV COAV COAV

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