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NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

(Form C-104) Revised 7/1/57

REQUEST FOR (OM) - (GAS) ALLOWAPLE

i. -- Roman L = Comerca 1 - File

1 - Midland

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 recompletio. The completion date shall be that date in the case of an oil well when new oil is deliv-

			ist be reported on 15.025 psia at 60° Fahrenheit. Robbis, New Mexico Describer 19, 396 (Place) (Date)
			ING AN ALLOWABLE FOR A WELL KNOWN AS:
· C	o- O		old Tadasad Dakosa Walk No. 1, in. 114 1/4 115 1/4
3	, Sec	3.3	, T
V	San Jua	.	County. Date Spudded Page Date Drilling Completed
	indicate		Elevation 5002 Total Depth 3245 PBID 6245
	С В	A	Top Oil/Gas Pay 6070 Name of Prod. Form. Tiples:
" `	, ,		PRODUCING INTERVAL -
		17	Perforations 6070-6072, SADE-6110 Depth Depth
E 1	F G	H	Open Hole Casing Shoe 5344 Tubing 55:2
_	KJ		CIL WELL TEST - Chok
L I	K J	I	Natural Prod. Test: bbls.oil, bbls water in hrs, min. Size
			Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke
M	N O	P	load oil used): bbls.oil, bbls water in hrs, min. Size
			GAS WELL TEST -
			MCF/Day; Hours flowedChoke Size
(1	FOOTAGE)	menting Reco	
Size	_	SAX	Test After Acid or Fracture Treatment: 725 MCF/Day; Hours flowed 26
	1	1	Choke Size Method of Testing: Open 21 cm tests
8-3/8	123	196	
4-3/3	244	le 13	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, an sand):
23/S	3042	1 bg.	Casing Tubing Date first new Fress. Press. Value oil run to tanks
	7 7 7 7	+	Cil Transporter McKood Corno
			Gas Transporter 12 Page Material Gas Co.
) 	<u> </u>	_1	
lemarks:			DEC 2.6 1962
		••••••	OI ON COM.
			aformation given above is true and complete to the best of my knowledge. HST. 3
I herel	by certify	that the ini	Tidexater Oth Company
Approved	DEU A	1304	(Company or Operator) By Original Signed
-	u conci	CD \$/ A TETO	Original Solution By: WADE (Signature)
	inal Sign		(Signature)
Ong By:AJ			Title
رهم تيم	TROLFU	M ENGINE	CED DICT NOT
litle	11106601		va va
			Address Box 567, Hobbs, N. Hoss