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PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION (Form C-104) Revised 7/1/57
Santa Fe, New Mexico

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 QUADRUPPLICATE 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.

Maljamar, New Mexico 12-21-64
(Place) (Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Leonard Nichols Iles Fed., Well No. 7, in SW 1/4 NE 1/4,
(Company or Operator) (Lease)

6 Lea Unit Letter, Sec. 3, T. 17, R. 32, NMPM., Maljamar, Pool

County. Date Spudded Nov. 5, 1964 Date Drilling Completed 11-12-64

Elevation 4283 Total Depth 4385 PBD

Top Oil/Gas Pay 4092 Name of Prod. Form. Grayburg

PRODUCING INTERVAL -

Perforations 4092-98

Open Hole _____ Depth _____ Depth Casing Shoe 4384 Depth Tubing 4286

OIL WELL TEST -

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 load oil used): 5 bbls. oil, 5 bbls water in 24 hrs, _____ min. Size _____

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: _____ MCF/Day; Hours flowed _____

Choke Size _____ Method of Testing: _____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): _____

Casing _____ Tubing _____ Date first new Press. _____ Press. _____ oil run to tanks 11-24-64

Oil Transporter Texas New Mexico Pipe Line Co.

Gas Transporter _____

Remarks: This well does not make enough oil to get a pipe line connection, now. We will have to move this oil to another Iles Fed. Battery, until we get an increase from water flood.

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved 12-21-64, 19____

Leonard Nichols
(Company or Operator)

By: G. L. Hecker
(Signature)

OIL CONSERVATION COMMISSION
By: Joe D. Stoney
Title _____

Title Supt.
Send Communications regarding well to:

Name P.O. Box 123, Maljamar, N.M.

Address _____

Deviation reports:

1986
2244
2735
3304
3512
3918
4289

1/4
1/2
1/2
3/4
3/4
1
1/2

I certify that the above is a true and correct report of the deviations in drilling on the Iles Fed. #7.

O. L. McCutcheon
Signed

O. L. McCutcheon
Capt. Leonard Nichols

Before me, the undersigned authority, on this date personally appeared O. L. McCutcheon, known to me to be the person whose name is subscribed to the foregoing instrument.

Leva L. Wilson
Notary Public

My Commission expires July 16, 1966