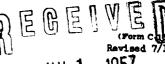
NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico



REQUEST FOR (OIL) - (GAS) ALLOWABLE JUL 1

1957 New Well Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any ito operator before as well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form CARDIESIA 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.

					(Pl	lace)		Jun	(Date)
			-	NG AN ALLOWA Ng keo-W 1				NE .	, NW .,
	(Compan	y or Ope	rator)		(Lease)		_		,
C	Letter	, Sec.	34	, T.18-S , R	29-E , NM	PM., Turi	my Track,	Extall	Idadah Pool
-		iy		County. Date S	oudded May 18	1957 Dat	o Drilling Co	mpleted	June 28, 195
	lease inc				3				
			1 .	Top Oil/G	2089	Name of Proc	Form. Re	d Send	
D	C	В	1 ^	PRODUCING INTERV	<u>1</u> -				
		-	-	Perforations_	, , , , , , , , , , , , , , , , , , , 	-	······		
E	F	G.	H	Open Hole	2089to 2104	Depth Casing Shoe	2089	Depth Tubing_	2080
				OIL WELL TEST -					
L	K	J	I	Natural Prod. Te	st: 10 bbls.o	ii, None	bls water in	2 hrs,	Choke min. Size
			<u> </u>	Test After Acid	or Fracture Treatme	nt (after recov	ery of volume	of oil equ	ual to volume of
М	N	0	P	load oil used):_	55bbls.oil,	None bbls	water in2	hrs,	Choke min. Size Open
			1 1	GAS WELL TEST -					
				•	st:	MCF/Dav: Hou	rs flowed	Choke	Size
Eubine .	Casing s	and Come	nting Reco		g (pitot, back pres				-
Size	•	Feet	Sax		or Fracture Treatme				
				7	Method of Testi				
8 5/	8 3	115	25	-					
5 1	2	089	25		Treatment (Give amo				
				1 Cacino	Tubing Da	TA TITET DAW			
				Press. 8ve.21	Dess None oi	l run to tanks_			
				Oil Transporter_	Malco Refine	ries, Inc.	Pipe Lin	e Divisi	COD.
				Gas Transporter_			Adam Aba	ed made de	ar ar Julan
.emarks			request.	this well be	given top all	Mable star	ting the	ilret di	A or onth
	l	<i>9</i> 57		•			444444444444		
		•••••							••••••
I h	ereby ce			ormation given abo	ve is true and com	iplete to the be	st of my know	wledge.	aton Inc
pprove	d	<u>'1</u> Ŭ		357,	19 Keba	err E. Nele	R_gLienera Company or O	Desato r)	ctor. Inc.
	O				B	SK	fund		
	OIL C	UNSER	LVATION	COMMISSION	Ву:	///	(Signature	e)	
,. <i>1</i>	MI		rus	brons	Title	Manage	***************	Divisio	
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itle	UIL A	TAU GA.	S INSPECT	ns V	Name.	Robert	E. McKee,	General	Contractor, In
					معاداء ∆	ss Book 246	, Artesia	New Me	riec
					Audici				

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