NEW .viEXICO OIL CONSERVATION COMM...JION REC Revised 7/1/57 hole

REQUEST FOR (OIL) - (GAS) ALLOWABLE 2 2 195

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.

					Roswell, Place)	New Mexico	1	2/21/59 (Date)	9
					A WELL KNOW				
Π Θ)	COMPANY OF O	perator)	Lan Jakeley H	n 034901 (Lease)	, Well No	1 , in	SE 1/4	3₩	1/4,
Van I	Se	c 35	, T. 148	, R 27E	, NMPM., <u>U</u>	With m	anklyn.	1	Pool
C	haves		County. Dat	e Spudded	11/11/59 i	ate Drilling Com	pleted 11	/27/59)
Please indicate location:			Elevation 3520 Total Depth 2190 PBTD						
D	C B	A	Top Oil/Gas P	Pay 2030	Name of P	rod. Form. Sa	n Andre	S	
		"	PRODUCING INT	ERVAL -					
E	F G	H	Perforations_	2030-2012	2. 2086-2120 Depth	2136-213	8. 21/1	<u>-2148</u>	21
١ '	r d	Т.	Open Hole		Depth Casing Sh	oe	Depth Tubing	2123	21
_ -			OIL WELL TEST	-					
ւ	K J	I	Natural Prod.	Test:	_bbls.oil,	bbls water in	hrs.	Che min- Si	oke
			1		Treatment (after re				_
M	N O	P	•		s,oil,bb		-	~ .	
	x		GAS WELL TEST		Pumping		- ''		
66	1 10	1800		•	105/b				
ning Ce	sing and Cen	enting Reco			MCF/Day; }				
Size	Feet	Sax			ck pressure, etc.):				
					Treatment:			owed	_
5 1	/2" 21 9	250	sacks	метлоа с	of Testing:				
2 "	2123		Acid or Fractu	ure Treatment (Give amounts of mate	rials used, such	as acid, wa	t er, oil, a	nd
<u></u>	<u> </u>		sand): 1000) bls. oi	1. 50,000 lb	s. sand,	00 gal	lons be	la
_		<u> </u>	Casing Press.	Tubing Press• 🗶	Date first new oil run to tank	5 Dec. 18.	1959		
			Oil Transporte	er Caetus	Petroleum				
		<u> </u>	☐ Gas Transporte	er				······································	
narks:	• • • • • • • • • • • • • • • • • • • •	••••	***************************************	•••••					· · · ·
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•••••			••••••			•••••••••••			
I here	by certify the	nat the info	rmation given a	bove is true a	nd complete to the	best of my knowl	edge.		
roved				, 19	,				
				_	- Denne	(Company or Ope	rator)		
<u> </u>	IL CONSE	RVATION	COMMISSION	N	By: / XC 5-C/4	(Signature)	peru		
	1499	11/4/2	10		Title	(5.8			
AN DER GAS INSPECTOR					Send Communications regarding well to:				
e	WIL A		7		No None	ak IT	Late	la-	
					Name A CONTRACTOR		6 1) /	- 1
					Address / Lick	you Mil	\mathcal{A} , \mathcal{F}	ozerel	14.11