MEXICO OIL CONSERVATION CO. (ISSION ECEIVED

(Form C-104)

REQUEST FOR (CHE) - (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.

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			POLIFETI	INC AN ALLOY	MARIE POR	(Place)				(Date)
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Chi	nt Lett	, Sec		, 1	, Ke	, NMPM., . - 98 49	••••••••••••••••••••••••			Poo
		************		County. Date	35184cGT	-23-92	Date Drill	line Compl	loted	-29-62
	Please indi		ocation:	County. Date Elevation Top Oil/Gas Pa	8182*	Tot	al Depth	Penns	PBID	0004
D		В	A	Top Oil/Gas Pa	эу <u></u>	Namo	e of Prod. Form	·		
				PRODUCING INTE	91921 - 0	1984; 8260	l _ 02701		-	
E	+	P G	Н	Perforations_					Denth	
-	1	G.	, n	Open Hole		Cas	th a51		Tubing	remarks
	1		<u> </u>	OIL WELL TEST	-					
L	1	K J	I	Natural Prod.	Test:	bbls.oil,	bbls wa	ter in	hrs,	Choke min. Size
							ter recovery of			
M	×	1 0	P	ĭ			bbls water		,	Choke
	1			GAS WELL TEST						-
00	01.1-2	L & 1980	-FWL				/p		a	
Publin	g Cast	ing and Ceme	enting Reco				Day; Hours flo			ze
	isc E Juans	Feet	Sax	method of lest	ting (pitot, b	ack pressure,	,505		poven	
10		40ª	circ.				critical fle			lowed
		•	aic.	Choke Size	Method	of Testing:		w prove	··	
10 3	/4"	15551		Acid or Fractu	re Treatment (Give amounts o	of materials us	ed, such a	s acid, wa	ter, oil, and
-	40.0			sand):						
5 1	/2"	2200ª	225	Casing 230 Press.	Tubing Press-	Date fir	to tanks gos v	vell		
27	7/8"	85113	1200	Oil Transporte			Companys Po	rmian	Corp. (t	rucks)
L				Gas Transporte	3I		Company			
Remai		ubing les	combie	ion NMOCC	order K-23	45				
•••••						·····				
I	hereb	y certify th	at the infe	ormation given a	bove is true a	and complete	to the best of n	ny knowle	dge.	
Appro	ved	DEG	1: 196	2	, 19	Carper Dri	ling Compa		R	
						4 ~ ,	(Compai	y or Oper		
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Γitle		m.ubb.ele	MAPECY	90 /		Carpe	r Drilling C			
				"		Name	Artesia, N			

Address.....

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