## NEW LEXICO OIL CONSERVATION COMM. SION Santa Fe, New Mexico

## REQUEST FOR (OIL) - ( 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.

				(Place)		October 6, 1959 (Date)	
<b>711502</b>	P. H	anmond 6	TING AN ALLOWABL Son McIntyre	State	1	SW 1/4 /8W 1/4	
(C	ompany o	r Operator)	(	Lease)	, in	1/4	
E Unit 1		Sec4	, T. 8S , R. 2	7E , NMPM., .	en desea ACM		
Ch	 270 <i>5</i>	****************	County. Date Spud	ded 11-29-58	Data Drilling C	Completed 12-22-58	
Plea	se indica	te location:	Elevation3700	Total	Depth 1979	PRTD 1967'	
D I	C	ВА	Top Oil/SS Pay 19	140 Name	of Prod. Form.	San Andres	
		B   A	PRODUCING INTERVAL -				
E	F	G H	Perforations Open Hole Yes		, shoe 1939'	Depth Tubing 1958	
			OIL WELL TEST -	Castin	3108	lubing	
L	K	JI		bbls.oil, 5	bbls water in	Choke min. Size	
M	N	0 P	load oil used): #	bbla.cil.	Bbls. Water	of oil equal to volume of 24 Hrs. Choke 2 hrs, min. Size	
l	İ				_DDIS Water In _Z-	nrs,min. Size	
1650	N- 3.	30W	GAS WELL TEST -				
			Natural Prod. Test:	MCF/Da	y; Hours flowed	Choke Size	
iding "Cai Size	ing and t	Gementing Red Sax	medica of festing (p.	ltot, back pressure, etc			
		- SAX	Test After Acid or Fi	racture Treatment:	MCF/	Day; Hours flowed	
**	353	25	Choke SizeA	Method of Testing:			
1X*	1939	50				h as <b>most</b> , and	
1/6	707		•	* Sand 18,900			
3/8	1958'	None	Casing Tubi	ng Date first	new One 3	1959	
	<del>                                     </del>						
				ewood Corporat			
	+				<del></del>		
marks:			**************************************		***************************************		
***************************************		******************	•••••••		***************************************	•••••	
	••••••	***************************************	***************************************		******************	·	
I hereb	y certify	that the in	formation given above is	true and complete to t	he best of my know	vledge.	
roved	•••••	UU	1 0 1333		n P. Hannon	<u>d</u>	
			, , , , , , , , , , , , , , , , , , , ,		(Company or Op	erator)	
OI	L CONS	ERVATION	N COMMISSION	By: Wils	on 7.16	baymond.	
$\supset$	40	<b>?</b> .	+	• .	(Signature	)	
	124	lams	MUNG	Title Part n	er		
_	Q.	IL AND GAS	INSPECTOR	Send (	Send Communications regarding well to:		
e	***********	***************************************	······································	NameWilson	P. Hammond	& Son	
				Address Bex	746. Monaha	nt. Toyot	

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OPERATOR 3
SANTA FL
PROLATION OF TRANSPORTER
FILE
BUREAU OF MINES