NE MEXICO OIL CONSERVATION CON 'SSION Santa Fe, New Mexico

(Form C-104) Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well Recompletion

The 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 delivened into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

			State , Well No2 , inSE/4SE
	ompany or Op		(Leue)
P van 1		7	., T8S, R27E, NMPM.,ACME
•			County. Date Spudded8/22/59 Date Drilling Completed 9/5/59
			Total Depth 2033V PRTD 2030V
Please indicate location:			Top Oil/Gas Pay 1964 Name of Prod. Form. San Andrea
D	C B	A	
			PRODUCING INTERVAL -
	-	17	Perforations 1964-1988 1990-1996 Depth Depth
E	F G	H	Open Hole None Casing Shoe 2030 Tubing 2020
1			OIL WELL TEST -
L	K J	I	Cho
			Natural Prod. Test: 3 bbls.oil, 3 bbls water in 21 hrs, min. Siz
<u>M</u>	N O	P	Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume Choke
74	N O	X	load oil used): 5 bbls.oil, 3 bbls water in 21 hrs, min. Size
			GAS WELL TEST -
060	5-66	CE	Natural Prod. Test: MCF/Day; Hours flowed Choke Size
			No.
	asing and Cem Feet	Sax	
Size			Test After Acid or Fracture Treatment: MCF/Day; Hours flowed
5/8*	276.95	110	Choke SizeMethod of Testing:
71-	1		Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, a
5 <u>1</u> 11	2036.9	100	i .
72		1	sand): 500 gal 15% MCA: Frag. 10.000 Gals. 8500% sand Casing Tubing Date first new
/2	1		Press. Press. oil run to tanks February 10, 1960 196
/ <u>R</u>			
			Oil Transporter MeWood Corporation
			Gas Transporter
			Gas Transporter
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marks: I her	reby certify t	hat the info FEB 2	Gas Transporter Commation given above is true and complete to the best of my knowledge. 2 1961 (Company or Operator)
marks: I her	reby certify t	hat the info FEB 2	Gas Transporter Cormation given above is true and complete to the best of my knowledge. 2 1961
marks: I her	reby certify t	hat the info FEB 2	Gas Transporter Cormation given above is true and complete to the best of my knowledge. 2 1961 (Company or Operator) (Company or Operator)
I her	reby certify t	hat the info FEB 2	Gas Transporter Cormation given above is true and complete to the best of my knowledge. 2 1961 Company or Operator) COMMISSION By Company or Operator Signature Title Coverage Company Company
marks: I her	reby certify t	hat the info FEB 2	Gas Transporter Cormation given above is true and complete to the best of my knowledge. 2 1961 (Company or Operator) (Company or Operator)

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