NEV ... EXICO OIL CONSERVATION COMMUNION Santa Fe, New Mexico

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

New Well Recompletion

REQUEST FOR (OIL) - (GAS) ALLOWABLE

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.

				Kidland,	Texts	Angu	at 3, 1939
				(Place)			(Date)
	HEREBY H	REQUESTI	ING AN ALLOWABLE	FOR A WELL KN	OWN AS:		
	ombany of C		White Ranel (Le				• • •
"AH	Se	1	, T. -12-5 , R. -1	NMPM	Wadasignate	H	
Unit L	etter .						
GLEVES			Elevation	June 19, 1939	Date Drilling (capleted	Ly 21, 195
Plea	se indicate	location:	Elevation	Total	Depth	PBTD	
D	C B	A	Top Oil/Gas Pay	Name c	of Prod. Form.		
		0	PRODUCING INTERVAL -				
E	F G	H	Perforations	Depth			
	E G		Open Hole_	Casing	Shoe	Depth Tubing	8127
			OIL WELL TEST -				
L	K J	I	Natural Prod. Test:	bbls.cil.	bble water in		Choke
			Test After Acid or Fra				
M	NO	P	load oil used):			e or oll equa	to volume of Choke
				DD15,011,	_DDIS water in	<u>hrs</u> ,	min. Size
7 231	- 1101		GAS WELL TEST -				
660/	M 6601	2	_ Natural Prod. Test:	MCF/Da	y; Hours flowed	Choke S	ize
tubing ,Ca	sing and Cem	enting Recon					· · · · · · · · · · · · · · · · · · ·
Size	Feet	Sax	Test After Acid or Fra		-		lowed
8 5/8	1967	600	Choke SizeMe			, .,,	
•							
5 1/2	8128	150	Acid or Fracture Treatm			ch as acid, wa	ter, oil, and
2" 1			sand): See Calle	Date first			
Z" 10	81.27		Casing Tubing Press. Press	oil run to	tanks7/2	12/59	
			Oil Transporter	Permion 011 Co			
			Gas Transporter				
marks :		•••••••••••••••••••••••••••••••••••••••			••••••••		•••••
	•••••						
I hereb	ov certify th	at the info	ormation given above is t	rue and complete to t	he best of my kno	wledge.	
pproved	ângi		9 54 19 5	-	- J. C. WILL	TANGON	
protect	•••••••••••••••••••••••••••••••••••••••		 , 13		Company or	perator)	
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·:	L Un	nstro	mg	Title.	et		
41-			4	Send	Communications 1	egarding well	to:
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				Address			

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