NEW LEXICO OIL CONSERVATION COMM ION Santa Fe, New Mexico

(Form C-104)

REQUEST FOR (OIL) - (GAS)XALLOWABLE New Well ARTESIA, DESIGN Completion
This form shall be submitted by the operator before an initial allowable will be assigned to any completed Off 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 deliv-

ered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit. Amarillo, Texas January 28, 1963
(Place) (Date)
WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS: Avalanche-Journal Publishing L-E Ranch",7Well No
(Company or Operator) Co. (Lease) "C" , Sec
Chaves County. Date Spudded 1/11/63 Date Drilling Completed 1/15/63
Flevation 3/14 G.D. Total Depth.
Top Oil/Gas Pay 2003 Name of Prod. Form.
D C B A PRODUCING INTERVAL -
E F G H Perforations 2003-06'; 2014-22'; 2031-36'; 2041-49' Depth Casing Shee 2081' Tubing 2043 RKB
Open Hole
Choke L K J I while oil water in the size —
Natural Prod. Test: bbls.011, bols water 1
Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke M N O P 37 3ble oil 0.2 bbls water in 24s, Omin. Size None
M N O P load oil used): 37.3 bbls, oil, 0.2 bbls water in 24s, 0min. Size None
GAS WELL TEST -
23/0/W 330/7 Natural Prod. Test: MCF/Day; Hours flowed Choke Size
Tubing , Casing and Cementing Record Method of Testing (pitot, back pressure, etc.):
Size Fret Sax Test After Acid or Fracture Treatment: MCF/Day; Hours flowed
8 5/8" 235 100 Choke Size - Method of Testing: -
As don Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and
5 1/2" 2081' 100 sand): 5,000 Gal. 15% N.E. Acid
2" 2043 - Casing Press. 20 Tubing Press. 20 oil run to tanks 1/27/63
Oil Transporter McWood Corporation
Gas Transporter None - New Lease
Remarks: Well Pumping 12 - 30" S P M
I hereby certify that the information given above is true and complete to the best of my knowledge.
Approved (Company or Operator)
OIL CONSERVATION COMMISSION By: (Signature)
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By: Send Communications regarding well to:
Title
Address 220 West Sixth St., Amarillo, Te

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