DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER GAZ PRORATION OFFICE OPERATOR

N'TW MEXICO OIL CONSERVATION COMMISSION Santa Fc, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWARLE

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.

	the stock				Midland, Texas	1/6/65
					(Place)	(Date)
					FOR A WELL KNOWN AS:	, and the second second
	C		n=1	(1	Well No	·
18	Company C	Sec	 29	т6S R	26E, NMPM., Uziesi	consider Linda - Poo
Unit	There					
Urav		••••	**********	County. Date Spudd	led. 8/19/63 Date Drilli CR Total Depth 717	ing Completed 13.53/83
Ple	ease indic	ate loca	tion:		Name of Prod. Form.	
D	С	В	A	PRODUCING INTERVAL -	d	
E	F	G	H		5, 988, 990, 992, 994 Depth Casing Shoe <u>1708</u>	Depth
L	K	J	I	OIL WELL TEST -		Choke
				Test After Acid or Fi	bbls.oil,bbls water cacture Treatment (after recovery of	volume of oil equal to volume of
M	N	0	P	load oil used):	bbls.oil,bbls water i	n' 25 hrs, 6 min. Size Page
89 S	& 1980	V			MCF/Day; Hours flow	ed Choke Size
ubling C	(FOOTAG	F) Cementi	ng Reco		itot, back pressure, etc.):	
Size	Fe		SAX		racture Treatment:	
8 5/8	102	*; \$	·		Wethod of Testing:	
5 1/2	920	S)	Acid or Fracture Treasand): Acid 1000	tment (Give amounts of materials used Fal. ; Frac 253 DDL, oil 8	i, such as acid, water, oil, and 3534 sead
i.	260	30	-	Casing Tubi	ing Date first new ss• <u>20</u> oil run to tanks <u>19/3</u>	0/69
rg su	350				The Permian Corporations	PHED
marks:			•••••	Gas Transporter	······	W. 120.
	•••••••		· · · · · · · · · · · · · · · · · · ·			
		•••••			s true and complete to the best of m	- Laine Willes
I he	reby certi	ify that	the infe	ormation given above is	true and complete to the best of m	y knowledge RTES"
pproved	i	3N8	1964	, 19	Burleson & Huff	y, or Operator)
	o 60	NODDI.	4 TION	COMMISSION	By: Claret	2 Must
	OIL CO	nsekv.	ALIUN	1 COMMISSION	(Si	gnature)
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,	TIL AND	643 /BR	Ff To	<i>-</i>	Send Communicat Name Sand Communicat	ions regarding well to:
itle	•		EU/ #/	I		
					Address For 988, Midl	2004 - 1922 S