## NEw MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

## REQUEST FOR (OIL) - (GAS) 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.

		V		<b></b>	(Place)		Texas		(Date)
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Unit Lette	•	<b>A</b>		_			371		
			County. Date Spu Elevation 3768						
Please	indicate	location:	Top Oil/Gas Pay						
D C	В	A			name (	01 F10d. F	OTH).		·
İ			PRODUCING INTERVAL					•	
E F	G	н	Perforations_	994 to	1006 Depth		2 shots	Depth	<u> </u>
			Open Hole		Casing	g Shoe	1024	Tubing	990
		<del>                                     </del>	OIL WELL TEST -		•				
LK	J	I	Natural Prod. Test:	:	obls.oil,	bbls	water in	hrs,	Cho min∙ Si:
			Test After Acid or						<del></del>
MN	0	P	load oil used):	_				•	Choke
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			GAS WELL TEST -						
530 Er 1	W EL 330	EF 8	Natural Prod. Test:	<u></u>	MCF/Da	ay; Hours	flowed	Choke S	Size
bing ,Casir	ng and Cem	enting Record	Method of Testing (	(pitot, bac	k pressure, etc	c.):			•
Size	Feet	Sax	Test After Acid or						
			Choke Size						
10 3/4	300	150							
4 1/2	1025	200	Acid or Fracture Tr	eatment (Gi	ve amounts of	materials	used, such	n as acid, w	ater, o(1,
			sand):			<b>DOW</b>			······
2	990	Ì	Casing Tu	ibing ress• <b>D</b>	oil run to	tanks	ier. 10.	1964	
			Oil Transporter	The Per	nian Corpo	eat.ion		REC	LIVE
			Gas Transporter						1-4-4004
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## NEW MEXICO OIL CONSERVATION JAMISSION FORM C-110 SANTA FE, NEW MEXICO (Rev. 7-60) LAND OFFICE CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TRANSPORTER TO TRANSPORT OIL AND NATURAL GAS PRORATION OFFICE OPERATOR FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE Company or Operator Well No. J.J. Travia Grant Keyes Fed. 1 Unit Letter Section Township Range County 26-E Chaves Pool Kind of Lease (State, Fed, Fee) Unit Letter Section Township If well produces oil or condensate Range give location of tanks 20 M 6-S 26-B Address (give address to which approved copy of this form is to be sent) Authorized transporter of oil 🖀 or condensate Box 5119 The Permiss Corporation Midland, Texas Is Gas Actually Connected? Yes\_ Date Con-Address (give address to which approved copy of this form is to be sent) Authorized transporter of casing head gas or dry gas If gas is not being sold, give reasons and also explain its present disposition: Han REASON(S) FOR FILING (please check proper box) Change in Ownership . . . . . . . . . . Change in Transporter (check one) Other (explain below) RECEIVED Casing head gas . Condensate . . NOV 1 9 1964 D. C. C. ARTESIA, OFFICE

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the day of	, 19 66
OIL CONSERVATION COMMISSION	By
Approved by	Tipe J.J. Teevis
MLanustrong	Omer-Operator
Title	Сотрапу
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NOV 1 9 1964

Remarks

Box 873, Midland, Texas