## RECEIVED **EXICO OIL CONSERVATION COMM** NEW' SION (Form C-104) Santa Fe, New Mexico Revised 7/1/57 FEB 9 1960 New Well

**REQUEST FOR (OIL) - (GAS) ALLOWABLE** 

D. C. Recompletion This form shall be submitted by the operator before an initial allowable will be assigned to any completed of 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.

					Artesia, (Place)	New Mexico	
VE ARE	HEREBY	REQUEST	ING AN ALLC	WABLE FOR	A WELL KNO	OWN AS:	
 11		eration (	<b>30</b> •	Slate -	26, Well No	<b>h</b> , in	
K∕`	Company or C	<u>36</u>	т 16	(Lease) D <b>28</b>		Indesignate	il
Ed	dy		County. Da	te Spudded	1-7-60	Date Drilling	Completed 1-24-60
	ease indicate		Elevation	3612	Total I	Depth <b>1701</b>	PBTD <b>1686</b>
DT			Top Oil/Gas	Pay <b>1653</b>	Name of	f Prod. Form	Queen
	СВ	A	PRODUCING IN	TERVAL -			
			Perforations		<		
E	F G	H			Death	1701	Depth
					Casing	Shoe IIVI	Tubing
L	K J	I	OIL WELL TEST	-			
-	x		Natural Prod.	. Test: 55Ga	Lebrs.oil,	bbls water in	Choke hrs,min. Size
							me of oil equal to volume of
M	NO	Р					Choke Choke
			GAS WELL TEST				<u>a</u> mis, <u> </u>
1980 1	SL& 1980	FWL		-			
				• Test:	MCF/Day	; Hours flowed _	Choke Size
	asing and Cer		rd Method of Tes	sting (pitot, ba	ack pressure, etc.	.):	
Sire	Feet	Sax	Test After Ad	cid or Fracture	Treatment:	MCI	F/Day; Hours flowed
85/	/8 348	100	Choke Size	Method d	of Testing:		
		<u>†</u>					
51	1701	100					ich as acid, water, oil, and
			sand): 30,00	Tubing	plus 140,000	# 10/20 sd p	olus 600# FI-2
			Press. 14	Press. 70	Date first n oil run to t	anks 2-5-60	)
			Oil Transport	er McNood	Corp	·····	
		<u> </u>		er None			
emarks:	•••••••	••••					
I her	ehv certifu +	hat the info	mation minan	above is true a	nd complete to th	he hest of my kno	wiedae
			-				-
proved.	•••••	<u>.</u>	+960	, 19	Utex Exp	Gompany or C	Operatof)
<u>ر</u>	II CONCE	DVATION	COMMISSIO	N	Bus Cre	this In	. sur
		RVATION		1 <b>.</b>	Dy:	(Signatu	re)
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• • • • • • • • • • • • • • • • • • •	······································			•••••			regarding well to:
tle	IT AND GAS	/#3/28 <b>78</b> 2	<u>Y</u> .,			ie M. Speir	
						-	
					Address Box	1268 Arte	sia, New Mexico

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<b>1</b>	ARTESIA D	ISTRICT OFFICE	SIUM
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		I INO.	
	OPERATOR	FURNISHED	
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·	U. S. G. S.		+
	TRANSPORTER		+
	FILE		
	BUREAU OF MINES		<u> </u> ]
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