NEV IEXICO OIL CONSERVATION COMMUSION 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.

11117			Artesia, New Mexico June 16	, 19
			(Place) (Date)	
E ARE H	EREBY R	EQUEST	ING AN ALLOWABLE FOR A WELL KNOWN AS:	
** F.	TRESS		State F , Well No. 3 , in. 1/4	4,
(Con		15	(Lease) , T. 178 , R. 29E , NMPM., Red Lake Po	ol
eddy	***		Course Date Smidded 3-27-59 Date Drilling Completed 5-7-59	
Dlaga	indicate l	acation:	County. Date Spudded 3-27-59 Date Drilling Completed 3-7-59 Elevation 519 GL Total Depth 2703 PBTD 2286	
Please	Indicate	ocation:	Top Oil/Gas Pay 1434 Name of Prod. Form. Penrose & Premier	
D (В	A	PRODUCING INTERVAL -	
			Perforations (1434-1444) (1912-1926)	
E 1	P G	H	Depth 2300 Depth 1860 Open Hole Casing Shoe Tubing	-
•			,	
L	K J	I	OIL WELL TEST - Chok Natural Prod. Test: bbls.oil, bbls water in hrs, min. Size	(e
		1.	Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of	
M	v 0	P	load oil used):bbls.oil,bbls water inhrs,min. Size	<u>/</u> 8
				-
250	011 - 9	2011	GAS WELL TEST -	
			MCF/Day; Hours flowedChoke Size	
•	ing and Cem			
Size	Feet	Sax	Test After Acid or Fracture Treatment: MCF/Day; Hours flowed	_
8-5/8	527	0	Choke Size Method of Testing:	_
5-1/2	2300	225	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, an	nd
			Sand frac 796 bbls. refined oil, 100,000# sand	nd
			Casing 330 Tubing Date first new 5-24-59	-
<u> </u>			Oil Transporter Carles Lat Pf	
		<u> </u>	Gas Transporter	
emarks:				••
	,	•••••		
I hereb	y certify ti	hat the ini	normation given above is true and complete to the best of my knowledge.	
			19.	
. =		er en en W	Gompany or Operator	
OI	L CONSE	RVATIO	N COMMISSION By: Office (Signature)	
\rightarrow	MAD.	17.	Production Superintendent	
://	STAN	VUSIN	Send Communications regarding well to:	_
tle	MILAND S	AS INSPE	s. P. Yates	
			Name	
			Address	

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