IEXICO OIL CONSERVATION COM: SION Santa Fe, New Mexico

NEW

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REQUEST FOR (OIL) - (GAS) ALLOWABLE JUL 2 8 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.

				(Place)	Nextee		<b>1960</b> Date)
ARE I	HEREBY R	EQUESTI	NG AN ALLOWABLE	FOR A WELL KN	IOWN AS:		
(Cc	mpany or Op	erator)	(Le:	age)			
		20	, T. <b>178</b> , R. <b>11</b>	, NMPM.,	Uniorigant	<b></b>	P
Unit La			County. Date Spudde	a <b>5-27-60</b>	Date Drilling C	campleted Tel	-60
Please indicate location:		Elevation	Total	Depth 7243	PBTD PBTD		
Plea	se indicate i	ocation:	Top Oil/Gas Pay 704				
D	C B	A	PRODUCING INTERVAL -				
			Perforations	704			
E	FG	H	Open Hole	TT Denth	ng Shoe <b>7223</b>	Depth Tubing	đ
				<u></u>			
L	K J	I	OIL WELL TEST - Natural Prod. Test:	· · · · · · · · · · · · · · · · · · ·		• • • • •	Cho
K			· · · · ·				
M	N O	P	Test After Acid or Fra				Choke
		-	load oil used):	bbls.oil,	bbls water in	hrs,min.	Size
			GAS WELL TEST -				
01 2/	W & 1650	\$/8 -	Natural Prod. Test:	MCF/I	Day; Hours flowed	Choke Size_	
bing Ca	sing and Cem	anting Reco	rd Method of Testing (pit	ot, back pressure, et	tc.);		
Size Feet Sax		Test After Acid or Fracture Treatment:MCF/Day; Hours flowed					
	1		Choke SizeMe				
3/1		525					
\$ 5/\$	3400	960	Acid or Fracture Treat			ich as aciu, water	, 011, 0
Liner	3497 6	1	sand): 1250 Get Casing Tubin			· · · · · · · · · · · · · · · · · · ·	
<u>i</u>	7221	760	Press Press				
			Oil Transporter_	to How Maries I	ipeline Cemps	<b></b>	
2	1757		Gas Transporter	ê			
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	Her Wall	L				••••••	•••••
						• • • • • • • • • • • • • • • • • • • •	•••••
I here	- by certify t	hat the inf	ormation given above is	true and complete to	o the best of my kn	owledge.	
proved.			JL2.81960, 19 <b>40</b>	sinel	47-011-6-Ges-	Gampeny	
proved.			3E	7	(Company or	Operator)"	
С	IL CONSE	RVATIO	N COMMISSION	By	(d) Juni	te	
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. <u> </u>	Llr	mstr	ng	TitleD	d Communications	regarding well t	o:
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				Address			

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OIL CONSERVATION COMMISSION ARTESIA DISTRICT OFFICE No. Copies Received 8 DISTRIBUTION NO FURINSHED UPELATOR S SANA FE 7 PRORATION OFFICE ļ STATE LAND OFFICE U. S. G. S. TRANSPORTER FILS BUREAU OF MINES

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(File the original and 4 copies with the appropriate district office). C. ARTESIA, DEFICE CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Company or Operator <b>Simulair Oil &amp; Gas Company</b> Lease <b>Turner "D" SP</b> Well No. <u>67</u> Unit Letter <u>L S 20 T 175 R 318</u> Pool <b>Undesignated</b> County <u>Bady</u> Kind of Lease (State, Fed. or Patented) <u>Federal</u>
TO TRANSPORT OIL AND NATURAL GAS    Company or Operator <b>Simelair Oil &amp; Gas Company</b> Lease Turner "D" SP    Well No.  67  Unit Letter L S 20 T 175 R 318 Pool Indesignated
Well No.  67  Unit Letter  L S 20 T 175 R 318 Pool  Poderignated    County  Bddy  Kind of Lease (State, Fed. or Patented)  Federal
County Bildy Kind of Lease (State, Fed. or Patented) Federal
If well produces oil or condensate, give location of tanks: Unit L S 29 T 175 R SLE
Authorized Transporter of Oil or Condensate Texas-New Mendes Pipeline Company
Address bex 1510, Midland, Texas
Address (Give address to which approved copy of this form is to be sent)
Authorized Transporter of Gas
Address Date Connected
(Give address to which approved copy of this form is to be sent)
If Gas is not being sold, give reasons and also explain its present disposition: Gas Flared - Not Connected
Reasons for Filing:(Please check proper box) New Well
Change in Transporter of (Check One): Oil ( ) Dry Gas ( ) C'head ( ) Condensate ( )
Change in Ownership() Other()
Remarks: (Give explanation below)

\*-

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

Executed this the 25 day of July	196
	By Dred & Junie
Approved <u>JUL 28 1960</u> 19	Title Dist. Supt.
OIL CONSERVATION COMMISSION	Company Sinclair Gil & Gas Company
By ML armitrong	Address 520 E Broadway, Holins, N.M.
Title OIL AND GAS INSPECTED	er,
Orig & 4 ee: OCC, ee: HPD, JH,	Tile

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