NEW .. IEXICO OIL CONSERVATION COMM....SION 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.

				Arteria, New Maxico		August 22, 195 (Date)	
WE ARE	HEREBY R	EQUESTI	NG AN ALLOWABLE FOR	, <i>,</i>	WN AS:		
			Donald Fa			14. 51 14,	
Then I	, Sec.	<u>13</u>	, T, R.	, NMPM.,	Atoks	Pool	
***************************************			County. Date Spudded.	ly 26, 1958	Date Drilling Co	exploted Aug. 9, 195	
	se indicate l		Elevation 32,97 6	Total D	epth	PBTD 1816	
D	C B	A	Top Oil/Gas Pay 1783 PRODUCING INTERVAL -	Name of	Prod. Form.	Sen Andres	
E	F G	H	Perforations 7772-7	703 Depth		Depth	
			Open Hole OIL WELL TEST -	Casing	Shoe 7878	Tubing	
Lo	K J	I		bbls.oil,	bbls water in	Choke hrs,min- Size_	
M	N O	P	Test After Acid or Fracture load oil used): **compan bb			of oil equal to volume of Choke hrs, 0 min. Size 0	
			GAS WELL TEST - Test				
	· · · · · · · · · · · · · · · · ·	<u> </u>	Natural Prod. Test:	MCF/Day	Hours flowed	Choke Size	
	sing and Come	_	Method of Testing (pitot, b	ack pressure, etc.) :		
Size	Feet	Sax	Test After Acid or Fracture	Treatment:	MCF/	Day; Hours flowed	
1			Choke Size Method	of Testing:			
8 5/8	1103	475	Acid or Fracture Treatment	(Give amounts of ma	iterials used, suc	h as acid, water, oil, and	
		++>	sand):	oid 5 COC m	losse ork	e, 5000# send	
<u>sk</u>	1816	450	Press. 150 Press.	oil run to ta	inks_angust_2	1958	
211	1764		Oil Transporter Gas Transporter	_	nestany Inc.		
Remarks:		nek-wet	er will not flow, Sw	abbing-at-thi	o time, inte	nd to put on	
	······································	*					
I here	by certify that	at the info	rmation given above is true	and complete to th	e best of my know	wledge.	
Approved	-, ···-, - ₁	WG 2 2	1958 , 19				
O	IL CONSER	VATION	COMMISSION	By Balla	Signatur	Uller	
Ву: 🎢	L Om	ustroi	U.G.	TitleSeen	ommunications r	egarding well to:	
Title	BIL AND GRA	AND EST	1	Name			
					_	_	
				Address PaQa	NOT THE AT	tesia. New Mexico	

OIL CONSE TATION COMMISSION
DISTRICT TO SE

NEW MEXICO OIL CONSERVATION COMMISSION SANTA FE, NEW MEXICO

N Form C-110 Revised 7/1/55

(File the original and 4 copies with the appropriate district office)

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Well No. 1 Unit Letter S 3 T 168 R Pool County Kind of Lease (State, Fed. or Patented) If well produces oil or condensate, give location of tanks: Unit S T R Authorized Transporter of Oil or Condensate Address P.O. Ext 125, Artests, Extended Copy of this form is to be sent) Authorized Transporter of Gas Address (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: 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 2 day of 19 By Allana Millian Company OIL CONSERVATION COMMISSION Company Title Company OIL CONSERVATION COMMISSION Company Liouzi Brilling Co., Inc.	Company or Op	erator Entio r	al Drilling	Co. Inc.	Lease	ld Faming
Kind of Lease (State, Fed. or Patented) If well produces oil or condensate, give location of tanks: Unit S T R Authorized Transporter of Oil or Condensate Address P.O. Bar 125, Artesia, Bar Barineries, Inc. Address (Give address to which approved copy of this form is to be sent) Authorized Transporter of Gas Address (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: Barks, being flared and burned Reasons for Filing: (Please check proper box) 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 day of 19 By Blancar Mallen Approved AUG 2 19 Title OIL CONSERVATION COMMISSION Company Stational Brilling Co., Inc.						
Address	Well No.			_188-^-266		with the same
Address	County	Kiı	nd of Lease (State, Fed. o	r Patented)_	
Address	If well produces	oil or condensate	, give locati	on of tanks:Ur	nitS	TR
Address P.O. Box 125, Artesta, Bu Barineries, 186. (Give address to which approved copy of this form is to be sent) Authorized Transporter of Gas 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: 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 () (Give explanation below) The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with. Executed this the day of 19 By Bollower Modern OIL CONSERVATION COMMISSION Company Authors Secretary Oil Conservation Company Authors Secretary Oil C	Authorized Tra	nsporter of Oil or	Condensate			
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Address P.O. Box 702, Artesia, New Mes	By III L	emuroug		Address). Bux 702. A	Please. E.W Howl
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OIL DONOR VATION COMMISSION

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