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NEV. MEXICO OIL CONSERVATION COM. ...5SION

Santa Fe, New Mexico

MAY 3 1 1960

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE New Well Recomplication

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.

Company or Operator) Clease B Sec. 16 T.18-S R.27-E NMPM, Empire Abo Understand Date Well completed 5-29-60 Da	umble 011 & Refining Co. N.M. State R. Well No. 1 in NW 18E (Company or Operator) B. Sec. 16 T18-S., R.27-E., NMPM., Empire Abo Understated Polar Well completed 5-29-60 Eddy Date Well completed 5-29-60 Eddy County. Date Spudded 5-7-60 Date Well completed 5-29-60 Flevation 3480 DF Total Depth 5825 PETD 795 Top 011/Gas Pay 5740 Name of Prod. Form. Abo PRODUCING INTERVAL - Perforations 5740 - 5766 Open Hole Depth Casing Shoe 5825 Tubing 5503 Oll Well Test - Date After Acid SECRETARION Choke Size - MCF/Day; Hours flowed - Choke Choke Ioad oil used \$50 Date \$1.5 Matural Prod. Test: McF/Day; Hours flowed - Choke Size - Method of Testing (pitot, back pressure, etc.): Test After Acid or Fracture Treatment: MCF/Day; Hours flowed - Choke Size - Method of Testing: Test After Acid or Fracture Treatment: MCF/Day; Hours flowed - Choke Size - Method of Testing: Choke Size - Method of Testing: McF/Day; Hours flowed - Choke Size - Method of Testing: McG/Day; Hours flowed - Choke Size - Method of Testing: McG/Day; Hours flowed - Choke Size - Method of Testing: McG/Day; Hours flowed - Choke Size - Method of Testing: McG/Day; Hours flowed - Choke Size - Method of Testing: McG/Day; Hours flowed - Choke Size - Method of Testing: McG/Day; Hours flowed - Choke Size - Method of Testing: McG/Day; Hours flowed - Choke Size - Method of Testing: McG/Day; Hours flowed - Choke Size - McG/Day; Hours flowed - Choke				(Place) (Date)
Company or Operator Clease Sec. 16	Company or Operator Clease Sec. 16	E ARE HI	EREBY R	EQUESTI	ING AN ALLOWABLE FOR A WELL KNOWN AS:
Eddy County. Date Spudded 5-7-60 Eddy Please indicate location: D C B A PRODUCING INTERVAL - Perforations 5740 - 5766 Open Hole - Casing Shoe 5825 Tubing 5503 L K J I Natural Prod. Test: - bbls.oil, - bbls water in hrs, min Test After Acid Spx ROBERTURE Treatment (after recovery of volume of oil equal to volume of oil used) 150 Sire Feet Sax 8-5/8 1498 800 Acid SECRECULAR TO Service Pipe Line Company Tubing 7-20 Rempire Abo Undest-124 Date Well Completed 5-29-60 Name of Prod. Form. Abo Perforations 5740 - 5766 Open Hole - Casing Shoe 5825 Tubing 5503 Tubing 503 Tubing 503 Date Well Completed 5-29-60 Name of Prod. Form. Abo Perforations 5740 - 5766 Open Hole - Casing Shoe 5825 Tubing 5503 Tubing 503 Date Well Completed 5-29-60 Name of Prod. Form. Abo Perforations 5740 - 5766 Date Mello Form. Date of Prod. Form. Abo Perforations 5740 - 5766 Date of Prod. Form. Date of Prod. Form. Abo Perforations 5740 - 5766 Date of Prod. Form. Date of Prod. Form. Date of Prod. Form. Abo Perforations 5740 - 5766 Date of Prod. Form. Date of Prod. Form. Abo Perforations 5740 - 5766 Date of Prod. Form. Date of Prod. Form. Abo Perforations 5740 - 5766 Date of Prod. Form. Date of Prod. Form. Abo Perforations 5740 - 5766 Date of Prod. Form. Date of Prod. Form. Abo Perforations 5740 - 5766 Date of Prod. Form. Date of Prod. Form. Depth 5825	R Sec. 16 T. 18-S R. 27-E NMPM. Empire Abo Undeclarated Proceed From Letter Eddy County. Date Spudded 5-7-60	Humble	011 & F	Refining	Co. N.M. State Br , Well No. 1 , in.NW
Please indicate location: County Date Spudded 5-7-60 Date Drilling Completed -27-60	Please indicate location: C	(Com	pany or Op	erator)	
Please indicate location: County Date Spudded 5-7-60 Date Drilling Completed -27-60	Please indicate location: C	B /	, Sec	16	T 18-5 , R 27-E , NMPM, Empire Abo unaser 18-50
Please indicate location: Top Oil/Gas Pay 5740 Name of Prod. Form. Abo PRODUCING INTERVAL - Perforations 5740 - 5766 Open Hole Depth Casing Shoe5825 Tubing 5503 OIL WELL TEST - Natural Prod. Test: - bbls.oil, - bbls water in hrs, min Test After Acid SECRETSFORM To bbls.oil, - bbls water in hrs, min Test After Acid SECRETSFORM To bbls.oil, - bbls water in hrs, min I hrs, min Test After Acid SECRETSFORM To bbls.oil, - bbls water in hrs, min NO P SAS WELL TEST - 16/6 Acid ACCOMMENDATION To Treatment (after recovery of volume of oil equal to volume of oil used) to bbls.oil, - bbls water in hrs, min Test After Acid SECRETSFORM To bbls.oil, - bbls water in hrs, min No P SAS WELL TEST - 16/6 Natural Prod. Test: - MCF/Day; Hours flowed - Choke Size - Method of Testing (pitot, back pressure, etc.): Test After Acid or Fracture Treatment: - MCF/Day; Hours flowed - Choke Size - Method of Testing: Choke Size - Method of Testing: - MCF/Day; Hours flowed - Sand): 6000 gal reg 15% acid Casing Tubing Date first new oil run to tanks 5-29-60 Oil Transporter Service Pipe Line Company	Please indicate location: C B A PRODUCING INTERVAL - Perforations 5740 - 5766 Open Hole Depth Casing Shoe 5825 Tubing 5503 OIL WELL TEST - Natural Prod. Test: bbls.oil, bbls water in hrs, min. Size I N O P Depth Dept	Unit Later		7	5-7-60 Puts Putstan (1-7)-60
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I hereby certify that the information given above is true and complete to the best of my knowledge.		roved		-301	
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