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HEW MEALO OL CONSERVATION COMMISSION Santa Fe, New Mex.

(Form C-10) Pavised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWAFLE

New Well

RECEIPTION This form from the 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 recompletio. 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) WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS: (Lease) 2-22-62 Date Drilling Completed Eddy County. Date Spudded 2=6-62 ______Total Depth______FBTD_____60961 Elevation 3438 Please indicate location: __Name of Prod. Form.____ Abo Top Oil/GCK Pay 59751 B С A D PRODUCING INTERVAL -Perforations 60461-001: 60661-751 x/2 JSPF Depth 60771 P G H 61251 Tubing E Casing Shoe Open Hole OIL WELL TEST -Choke Natural Prod. Test:_____bbls.oil, ____bbls water in ____hrs, ___min. Size__ J K L Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 63 bbls.oil, 120 bbls water in 24 hrs, min. Size Pump Ρ Ñ Ő Μ GAS WELL TEST -Natural Prod. Test:______MCF/Day; Hours flowed _____Choke Size_____ 2298,12 Fls x 990 F/E Method of Testing (pitot, back pressure, etc.):_____ Tubing , Casing and Cementing Record Test After Acid or Fracture Treatment:_____MCF/Day; Hours flowed____ Sax Feet Size Method of Testing: Choke Size 800 8-5/8 1194 Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and 4-1/2" 6125 200 sand): 3000 gallons ISTNE Acid 3-1-62 REDEIVED Date first new Tubing _____oil run to tanks__ Casing Press. 6077 21 Press. Service Pipe Line Company Oil Transporter___ 1862 Gas Transporter___ Empire Abo Gasoline Plant Remarks: and the second sec I hereby certify that the information given above is true and complete to the best of my knowledge. V. E. STALEY By:.... OIL CONSERVATION COMMISSION (Signature) Title. Area Superintendent (linus Tronig Send Communications regarding well to: Name.....V. E. Staley Address Box 68 - Hobbs, New Mexico