New Well

## NEW EXICO OIL CONSERVATION COMM SION Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLE GOD

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 6-101 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 oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

					Midland, Texas	May 5, 1955
					(Place)	(Date)
		-			OR A WELL KNOWN AS:	
				State Gross	, Well No3	, in
(Com	pany or Op	perator)	a	(Leas	e) R. Nikodro <b>Moreki</b> n O	aprock Po
(Unit)	, Sec	· <del></del>	1	, K	, INIVIEWI.,ATMA.WAL.N	
Lea				County. Date Spudded.	April 10, 1955 , Date (	Completed May 4, 195
Please	indicate	location	n:	•		
1						
				Elevation	Total Depth304	<b>&amp;!</b> , P.B
				Ton oil/gas nay	3015 Top of	Prod. Form. Queen sand
		1		Casing Perforation	s 3032-381	
				~ · ~ · ·	(D. 1 (C. ) 304#1	
		1	K	Depth to Casing sh	oe of Prod. String	
				Natural Prod. Test.	1	<b>27</b> BOP
	į					
		<u> </u>		based on	bbls. Oil in 10	Hrs. Mir
				Test after acid or s	hot 144,00	BOP
Caring	ınd Cemen	ting Re	eord.			
Size	Feet	_	ax	Based on	bbls. Oil in	Hrs. — Mir
		<u> </u>		Gas Well Potentia	1	
8-5/8"	263.60	150	45 B	al.		
10-	2014	202		Size choke in inch	es 2" choke	
5-1/2"	2000	200	14 8			Nat 4. 1955
		200	ou.st	Date first oil run to	o tanks or gas to Transmission	system: <b>May 4, 1955</b>
		<del> </del>				oleum, Incorporated
				Transporter taking	On or das	erent, theor between
marke:						
marks:		•	•			
		•••••		***************************************	***************************************	
		• • •			and complete to the best of	f my knowledge
			1. 1		rue and complete to the best of	
proved			12:14:	, 19	(Com	pany or Operator)
OT	CONSE	די <i>וע</i> ור מי	CIONI C	OMMISSION	By: (1)	Ourins
	y YUNSE	IN Y IN I	TON U		- J	(Signature)
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)	igetione <del>s est de</del> T	· · · · · · · · · · · · · · · · · · ·			Send Commun	ications regarding well to:
:le		- 2 - 4 - • • • • • • • • • • • • • • • • • • •	77		 Name <b>LocHistos</b> C	
			V		619 West Tex	<del>-</del>
					Address Midland, Tox	