NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLES OFFICE New Well

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 gent. 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.

		use be reported o	ar 10.020 par	P.O.Box 35	2, Midland,	Texas	January 2	29, 19
				(Place)		•••••	(Date)	
COME CO	mbany.	St. N.M. "BA	TRCT-8	Wall N= 3		SE	IZ NE	17
mpany or C 	22 22	, T12 -8	(Lease) , R	Са, ММРМ.,	prock Queen		/*	
		Courte De	. 6 11 1	1.2-10-58	• • • • • • •	12	-1658	
se indicate	location	Elevation	e spuaded	Total	Depth 3050	Completed	30471	
		Top Oil/Gas F	ay 3006 t	Name of	f Frod. Form. Qu			
	A	PRODUCING INT	TERVAL -			······································		
		Perforations	30061 to	3031 *				
FG	H X	-	the second s	The second s	Shoe 30501	Depth	30/21	
				ouoring		IUCINg_		
K J	I		-	bble oil			С	hoke
N O	P	load oil used	1. 17	ble oil 15	recovery of volu	me of oil eq . N	ual to volum Choke	e of Prem
		1		bis, 011,	bbls water in	hrs,	min. Size	
	<u> </u>	Test After Ac	id or Fractur	e Treatment:	MCI	F/Day; Hours		
			Method	of lesting:		······································		
3040	250			(Cive amounts of ma	aterials used, su	ch as acid,	water, oil,	and
3032	None	Sand): Casing 700	Tubing 1	300 Date first ne	ew enks		anuary 2	7,19
· · · · · · · · · · · · · · · · · · ·	1						d. Texas	
	1		None					
ldise ce	sing per	riorations fr	om 3005 t	te 3031 Vith	500 gals re	gular 15	% acid.	
LD CP-	700 15.	Sand frac do	mn 4 1/2"	casing with	10,000 gals	refined	oil and	
o san d.								
y certify th	at the info	ormation given a	bove is true	and complete to th	e best of my kno	wledge.		
JENNET	у 29	••••••	, 19 59	The T			····	
				0hm	(Company or G	perator)		
CONSEI	RVATION	COMMISSION	1	By:	(Signatur	4 . - 1	·····	
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<u></u>	10 ne	<u> Ac fi</u>		Send C J.G. BL		upt.	ell to:	
9	10 70	<u>a l</u>		Send C J.G. BL Name	t District S ommunications	upt.	ell to:	
	HEREBY Rexas Co impany or C star se indicate C B F G K J N 0 ing and Cen Feet 1439 3040 3032 idise ce b CP- b sand. y certify the Januar	HEREBY REQUEST Recease Company impany or Operator) Sec	HEREBY REQUESTING AN ALLC Rexas Company St. N.M. "BA impany or Operator) I Sec. T Sec. T Sec. T Sec. T Sec. County. Da Sec indicate location: County. Da Sec indicate location: Top Oil/G351 F G H F G H K J I N O P Ing and Cementing Record Method of Tes Fert Sax Test After Ac 1439 600 Acid or Fractu 3032 None Sand): Gas Transporte Gas Transporte Iditse casing performation given a January 29	HEREBY REQUESTING AN ALLOWABLE FOR Rextase Company St. N.M. "BA" NCT-8 Impany or Operator) I Sec. T 12-8 Products Social Sec. 14-9 Sec. T None Sec. Sec. Sec. Sec. T None Sec. Sec. None Sec. Sec. Sec. Sec. Sec. Sec. Sec.	(Place) HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNY Rexass Company St. N.M. "BA" NCT-8 Well No.3 impany or Operator) T 12-8 Well No.3 impany or Operator) T 12-10-58 County. Date Spudded. 12-10-58 impany or Operator) T 12-10-58 County. Date Spudded. 12-10-58 impany or Operator) County. Date Spudded. Top 011/035-73y 30061 Name o County. Date Spudded. Internations 100011/035-73y 30061 Name o County. Date Spudded. Perforations 30061 to 30311 Depth F G H Name o Perforations 30061 to 30311 F G H Name o Perforations 30061 to 30311 None Open Hole None Casing 011 WELL TEST - Natural Prod. Test:	(Place) HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS: News Impany or Operator Sec. T 12-8 Numperior NMPM, Caprock Queen Numperior Sec. Numperior Sec. Numperior County. Date Spudded Sec. Top Oil/OFTRY 30061 Name of Frod. Form. Queen Perforations 30061 to 30311 F G K J N O P Hole None Casing Shoe Open Hole Doen Test: N O N O N O N O N O N O Natural Prod. Test:	(Place) (Pl	HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS: IDDAY HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS: SE Impany or Operage) T. 12-S Normany or Operage) T. 12-S Impany or Operage) Total Spudded Impany or Operage) Total Spudded Impany or Operage) Total Particle Spudded Impany or Operage)