NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

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 bip is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

			P. O. Box 4395, Midland,	Texas 6-14-62
TE APE	UFPFRV '	DEULESTI	(Place) NG AN ALLOWABLE FOR A WELL KNOWN AS:	(Date)
abot (corpora	tion	Mary Bllen Dallas , Well No1 , in	r er
P Unit L	, Sc	c 15	T. 11-S, R. 33-E, NMPM., Wildcat	Pool
-	Lea		County. Date Spudded. 4-1-62 Date Drilling Comple	stod 6-7-62
Please indicate location:			Elevation 4248 Total Depth 11,261	PBTD 1 9518
D			Top Oil/Gas Pay 9475 Name of Prod. Form.	nsylvanian
	СВ	A	PRODUCING INTERVAL -	
			Perforations 9475-9484 (R.A.)	
E	FG	H	Depth	Pepth Ubing 9485
			OIL WELL TEST -	abing
L	K J	I		Choke
			Natural Prod. Test: 48 bbls.oil, 0 bbls water in 2	
M	N O	P	Test After Acid or Fracture Treatment (after recovery of volume of load oil used): 204 bbls.oil, 36 bbls water in 24 hr	oil equal to volume of Choke
		No.1		s,min. Size44/
			GAS WELL TEST -	
			Natural Prod. Test:MCF/Day; Hours flowed	_Choke Size
Size	Feet	menting Recor Sax	me une et restring (preet, back pressure, etc.):	
	1		Test After Acid or Fracture Treatment:MCF/Day;	
2(- 25		Choke SizeMethod of Testing:	
			Acid or Fracture Treatment (Give amounts of materials used, such as	acid, water, oil, and
3-3/8	329	350	sand): 500 Gals. Mud Acid	
9-5/8'	3798	250	Casing Tubing Date first new Press. 1000 Press. 6000 oil run to tanks 6-12-	52
		1	Oil Transporter Western Oil Transportation	
2" EUI	9485	-	Gas Transporter	
marks:				
			Here Hand Star	

I hereb	by certify the	hat the infor	mation given above is true and complete to the best of my knowledg	ge.
proved				·
			(Company or Operation), ,
OI	L CONSE	RVATION	COMMISSION By: Paren C. CE	fin
$\overline{\lambda}$	0.1.	1.1	(Signature)	Seem I de
Jel.	stre /	V C	Ennents Title Dist. Prod. 1 Send Communications regard	
le		· · · · · · · · · · · · · · · · · · ·	Send Communications regard	
			Name. Percy C. O'Quinn	

Address..... Box 4395, Midland, Texas