

New Well Recompletion

This form shall be submitted by the operator b fore an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLIC TE to the same District Office to which Form C-104 was Jent. The allowable will be assigned effective 7:00 A.M. on date f 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 or 15.025 page at 60° Fahrenheit.

			Tatum, New Mexico				•••••	4-40-39 (Date)	
erada Pe	troleum	Compera	stion Sta	te B.T. "P" (Lesse)	, Well No	1 , ir	, SW	1/4 NW 1/4	
ľ	, Sec	34	T 11-S	(Lesse) R 33-E	, NMPM.,	Unde signat	ed	Poo	
Lea			County. Da	te Spudded 11	-13-5 8	Date Drilling	Completed	2-22-59	
Please	indicate lo	ocation:		Fay 98801					
D C	В	A	PRODUCING IN	T:RVAL -					
E F	G	H	Perforations	from 9880	to 9897'		^enth		
_ _		ⁿ	Open Hole	None	Tasing	g Shoe 9927	Tubing	98191	
% 1 #	1		OIL WELL TES	<u> </u>				Choke	
LK		I	Natural Prod	i. Testi	bbls.pi.,	bbls water	inhrs	,min. Size_	
	ECTION	34	Test After A	Acid or Fracture 1	reatment (after	r recovery of vol	ume of oil e	cual to volume of Choke	
M		P	load oil use	bbls	,,oil, <u>0</u>	bbls water in	24 hrs, 0	min. Size20	
			GAS WELL TES	<u> </u>					
R-33-E			_ Natural Proc	i lest:	MDF/0	ay; Hours flowed	Chok	e Size	
bing ,Casi	ng and Ceme	nting Reco	rd Method of Te	e ::ng (pitot, bad	ik pressure, et	c-):			
Size	Feet	Sax	Test After /	4 is or Fracture	[reatment:	· · · · · · · · · · · · · · · · · · ·	MCF/Day; Hour	s flowed	
3-3/8"	3 30 '	275	Choke Size_	Method o	f Testing:				
-5/8"	37894	1500		of me Treatment (C			such as acid	, water, oil, and	
5-1/2*	99281	700	Casing Press. 120	OO# Tubing 24	00# Date first oil run to	new 2-25	-59		
			Oil Transpor	Service	Pipe Line	Company			
			Gas Transpor	warren	Petrole um (Jorporation			
emarks:	· · · · · · · · · · · · · · · · · · ·			***************************************			*****		
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						the hest of my l	mowledge.		
			ormation given	above is true a, 19	Amerada	Petroleum C	or bergere	x	
OII	L CONSE	RVATION	N COMMISSI	CN -	By ((Signa	ature)		
y 	2	.,,,,,,,,,,				istant Distr			
itle		*********			Ame	rada Petrole			
					Name				