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OPERATOR

## NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexic

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

## REQUEST FOR (COME) - (GAS) ALLOWAPLE HORBS OFFICE O.C.C.

New West Recompletion

This form shall be submetted 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 7:80 A.M. on date of completion or recompletion, provided this form is filed during calendar

rea into t	he stock tank	s. Gas must	be reported on 15.025 psia at 60° Fahrenheit.  Hobbs, New Mexico
			(Place) (Date)
WE ARE	HEREBY RI	EQUESTIN	IG AN ALLOWABLE FOR A WELL KNOWN AS:
			oration Federal "A" , Well No. 1 , in SE 1/4 SW 1/4 (Lease)
Names L	Sec.	13	, T. 9-S. , R. 35-E. , NMPM., Wildeat Gas P∞
	·Lea		County. Date Spinded. 12-30-63. Date Brillian Completed 1-19-64.  Elevation 1200 RUB. Total Depth 96151 PBID 4-200
Plea	Please indicate location:		Top Qil/Gas Pay 1716; Name of Prod. Form. San indres
D	C B	A	
			PRODUCING INTERVAL - 4.746-4.7702 Perforations 1.7901-4.8108  Depth Casing Shoe 96158  Depth Tubing 4.654.8
E	F G	H	Perforations 1.7901-1.8101 Depth Depth
		"	Open Hole Casing Shoe 9615* Tubing 4654
		+	OIL WELL TEST - Choke
	K J	I	Natural Prod. Test:bbls.oil,bbls water inhrs,min. Size_
	}		Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke
M	N O	P	load oil used): bbls.oil, bbls water in hrs, min. Size
	*		GAS WELL TEST -
//24 27		- 175.17	MCF/David House flowed Choke Size
DOU' I'C	(Four Ace)	anting Recor	
Size	Feet	Sax	Test After Acid or Fracture Treatment: 2666 MCF/Day; Hours flowed 2
			Choke Size 25/61 Method of Testing: Back Pressure
10-3/	413	420	
			Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and
7-5/	- I	3400	sand): 8500 gol LSTME acid  Cacing Date first new
5-1/	2   3911 to 2   9615	300	Casing Tubing Date first new Press. Press. 850 oil run to tanks
	7027		Oil Transporter
2-1/	2 46541	1	Gas Transporter Sinclair Oil & Gas Company
Remarks:			
,			
	aby cartify 1	sat the info	ormation given above is true and complete to the best of my knowledge.
I has	71.0	K 20 199	AN PAR ARBIZOULI SHIMASUM MARKAMAN
	i At		Original Signed by
	Al		V. E. STATES
Approved	······································	RVATION	Ru:
Approved	······································	RVATION	COMMISSION By: (Signature)
Approved	······································	RVATION	COMMISSION By: (Signature)
Approved	ØIL CONSE	RVATION	COMMISSION  By: (Signature)  Title Area Superint endent  Send Communications regarding well to: