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

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

## REQUEST FOR (OIL) - (EXS) ALLOWARLE

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This form strail 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 oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

				Hebbs, New Mexico	January 10, 19	_
VE ARE H	EREBY F	REQUEST	TING AN ALLOWABLE	FOR A WELL KNOWN AS	•	Date)
1f 011	Corporet	ion	Federal Goode (NCT	-B) , Well No. 1	,. in WV 1/ £	<b>M</b> ,,
( Con	npany or O	hetinot)	(Lei	<b>ase</b> )		
L Unit Let	, Sed	33	T. 8-8 R. 37-	NMPM., Allison	Perm	Pool
•	perelt		County Data Smudda	Movember 2k, 61Date D	nd??!dna Campleded - Maddin	ham 90 /
	e indicate			Total Depth		
FICAN	maicate	location:	•	Name of Prod. F		
D	B	A	PRODUCING INTERVAL -			
E 1	e G	<b>—</b>	Perforations 9585	- 9 <b>593'</b>		
	F G	H	Open Hole	Depth Casing Shoe	Depth Tubing <b>9599</b>	•
L	C J	-	OIL WELL TEST -	,		<b>.</b>
•		- 44	Natural Prod. Test:	bbls.oil,bbls	water inhrs,	Choke min. Size
,   ,		<u> </u>		cture Treatment (after recovery		
M	0	P	load oil used): 269	bbls.oil,bbls.wate	er in 24 hrs,min.	Choke 15/6
			GAS WELL TEST -			
O' Pal	660' P	WL.	Natural Prod. Test:	MCF/Day; Hours	flowed Choke Size	•
ubing ,Casi	ng and Cem	enting Rec		ot, back pressure, etc.):		
Size	Feet	Sax		ture Treatment:		d
10-3/4*	<b>151</b> '	boo	•	chod of Testing:		
7-5/8*	L287	850	Acid or Fracture Treatm	ent (Give amounts of materials	used, such as acid, water,	oil, and
1-34	400;	- 030	sand): Anidised W	ish 250 mala MC Acid	· 2	
4-3/2"	9683	350	Press. 0 Pro Tubing Press.	Date first new oil run to tanks	Jamesy 3, 1962	
-				Meliood Corporation		
	<del> </del>	<u> </u>	Gas Transporter Mon	- Producing into tes	t tank	
marks:						
		111	1261	116 16 19 120	SO Olli	
	************	*****	*******************	****	***************************************	
I hereby	certify th	at the inf	formation given above is tr	rue and complete to the best of	my knowledge.	
_	•			Oulf Oil Co	rporation .	*******
		. 9		(Com)	pany or Operator)	
OIL	CONSE	RVATION	N COMMISSION	By: Xh	(Signature)	
: {	6/			Title Area Produc	tion Manager	
tle				Send Communi	cations regarding well to:	
	••••••••••••	••••••••••••	***************************************	Name Gulf 011 Co	rperation	
				Box 2167. H	obbs. Now Herrico	1