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

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

## REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well Recompletion

415 Citizens Nat'l Bak., Abilene, Texas

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 found 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.

				Abilene,Te	D142-0	(Date)
ARE HER	EBY RE	QUESTI	NG AN ALLOWABLE	E FOR A WELL KNO	OWN AS:	
El Che	770 EX	plerati	on, Inc. D. Heff	lefinger., Well No	<b>2</b> , in.	
Uni Letter	, Sec	14	, T <b>s.s</b> , R <b>s</b>	S.E, NMPM.,	Milnosand-S	en AndresPo
			County. Date Spude	ici6-6-62	Date 1	6-9-62
	ndicate lo		Elevation 4350	-DF	7505	
DIC	ТВ	A	Top Gil/Gas Pay	500 Name o	of Prod. Form.	pa-Andres
			PRODUCING INTERVAL -			
E P	G	Н		143-78; 4594-461		Depth
			Open Hole	Casing	3hoe 9301	Tubing 4532
<del></del>	<del></del>		OIL WELL TEST -			Chok
L K	J	I	Natural Prod. Test:_	bbls.oil,	bbls water in	hrs,min. Size
			Test After Acid or F	racture Treatment (after	r recover <mark>y of volu</mark> m	me of oil equal to volume o
И	0	P	load oil used):	a_bbls.oil,	ျားညီးs water in 🚣	4 hrs, 6 min. Size
	İ		GAS WELL TEST -	_		-
			Natural Prod. Test:	MCF/Da	ay, Hours flowed	Choke Size
ing Casing	and Cemes	nting Reco				
Size Feet Sax		-			F/Day; Hours flowed	
			7			
0.3/4	436	400		20. 100 page		
7 5/8 4	1950	1750	Acid or Fracture Tre	atment (Give amounts of	materials used, su	uch as acid, water, oil, and
1/2" 110			sand):	Allows of high and	New	
.,	404	eacks.	PressPre	ssoil run to	tanks 6-10-	
			Cil Transporter	The Permian Co	sporation-	
_ <del></del>	1532		•	Sinclair Oil & Go	o Company	
marks:					·	••••••
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			ormation given above i	is true and complete to	the best of my kn	owiedge.
proved			, 19.	EJ-Ch	Company or	Operator)
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	•	1 -	COMMISSION	<i>Dy</i>	(Signatu	IP) i
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/	*******			Send	Communications	regarding well to:
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						ting Compony