NEW TXICO OIL CONSERVATION COMMINION Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well

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

					Robbs, New	12-1	12-15-60		
					(Place)			(Date)	
NE ARE	HEREBY	REQUESTI	NG AN ALL	OWABLE FOR	R A WELL KN	IOWN AS:	. in	N W	1/4
) ۲	Company or	Operator)	_ 83	(Lease) 37E		Bluitt-Pe	n	/ •	/4,
Unit	Theres								Pool
	loosevelt) 	County. I	1) ate Spudded	L-5-00	Date Drilli OCAO	ng Completed	12-5-00	
Pl	ease indicat		Elevation	4050'DF Pay_9533'	Total	Depth	PBTD Bough NC	R	
D	C	BA			Name	of Prod. Form		<u>-</u>	
X			PRODUCING						
E	F	G H	Perforation	95331-956	Depth Casin	9533	Depth Tubing	95661	
			OIL WELL TH						
L	K	JI		od. Test:	bbls.oil,	bbls wate	r inhrs	,min.	Choke Size
				Acid or Fracture					
M	N		load oil u	sed): 182 _bt	ols.oil, 0	bbls water in	<u>12</u> _{hrs} , <u>3</u>	O Chok 	°16/64
			GAS WELL TH	<u>st</u> -					
		· · · · · · · · · · · · · · · · · · ·	- Natural Pro	od. Test:	MCF/D	Day; Hours flowe	dChok	e Size	
tubing ,	Casing and C	ementing Reco	rd Method of T	Testing (pitot, b	back pressure, et	.c.):			
Size	Feet	Sax	Test After	Acid or Fracture	e Treatment:		_MCF/Day; Hour	s flowed	
13-3/	18 405	350	Choke Size	Method	of Testing:				
8-5/	/8 4220	2570		cture Treatment		materials used	, such as acid	, water, oil	, and
	10 07000	000	sand):		20 Date first oil run to	new 12-11	-60	<u></u>	
5-1/	2 9533'	200	Press.	Tubing Press.	oil run to	tanks			
			Oil Transpo	orter Sene				<u> </u>	
	Request	top 80-a	Gas Transpo	lignable ef	ecuive 12-1	4-60.			·
Actinations .		3							
De	utt P	Con	1 -						•••••
I he	reby certify	that the info	ormation give	n above is true	and complete to	the best of my	knowledge.		
proved		<u></u>		, 19	11				
(OIL CONS	ERVATION	COMMISSI	ON	Ву:	E 711	or Operator)		
	man.	// n	1		Aa Title	(Sign 1 st. Supt.	nature)		
y:		handeligen of the base	ter finder of the state of the	/. K	Send	l Communication	ons regarding	well to:	
itle		Ac.	atter and a second	¥ ¥	Th Name	e Ohio Oil	Company		
		\int			Be	a 2107, Ho	bbs, New M	exico	
		· · ·	-		Address	·····	•••••	······	

DISTRIBUTION: HHDCC Mr. J. A. Grimos Mr. L. H. Shearer Mr. D. V. Kitler Mr. T. A. Steele Mr. T. O. Webb Mr. R. E. Festher

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