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NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe. New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWAPLE

New Well Recompletion

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.

ca mo	uic su	AK CAIINS	, Qua mua	oc isponed on torodo p	Midland, Texas	February 27, 1963
					(Place)	(Date)
E ARE	HER	EBY RE	QUESTI	NG AN ALLOWABLE F	OR A WELL KNOWN AS:	
В	TA OI	1 Prod	ucers	BETTS-SANDERSON	, Well No1	in NE 1/4 SE 1/4,
- (1	Compar	y or Oper	rator)	(Lease	:) Milnegand	.
Unit Letter				, T -8-5 , R -33-	NMPM., Milnesand	Pool
•		.t		County Date Spudded	1-31-63 Date Drilli	ng Completed 2-10-63
		dicate lo		Elevation 4247		РВТО 4635
D	C	В	A	PRODUCING INTERVAL -		3011
		+	 	Perforations	4572' - 4624'	Depth
E	F	G	H	Open Hole	Casing Shoe 4640	Tubing 46061
L	K	J	I	OIL WELL TEST - Natural Prod. Test:	bbls.oil,bbls wate	Choke r inhrs,min. Size
			6		ure Treatment (after recovery of v	
M	N	0	P		_bbls.oil, 20bbls water in	Choke
		<u></u>		GAS WELL TEST -		
	/ En n=	AGE)		Natural Prod. Test:	MCF/Day; Hours flowe	dChoke Size
tubing ,			ting Recor	d Method of Testing (pitot	, back pressure, etc.):	
Size		Feet	Sax	Test After Acid or Fract	ure Treatment:	MCF/Day; Hours flowed
8-5/	8"	381	250		od cf Testing:	
4-1/	2" 4	4640	200	Acid or Fracture Treatme sand): A/2000 Gal.,	nt (Give amounts of materials used SF/40,000 Gal. + 60,000	, such as acid, water, oil, and
2"	4	÷606	•••	Casing 20psi Tubing Pare first new oil run to tanks 2-21-63		
					e Permian Corporation	
		l		Gas Transporter No		
.emarks				Ods Transporter		
.emarks	i					<u></u>
					1 1 1 1 1 the best of my	knowledge
					ue and complete to the best of my BTA 011 Produce	ra
pprove	d		*****	, 19		or Operator)
	OIL	ONSER	.VATION	COMMISSION	By: 6 2 - 22 (Sig	rature)
y: <i></i>	/ /	/ /			Title Production Supe	rintendent on regarding well to:
itle	- <u>-</u>				700 A O. 1 Tare 4	cers
	- 2					os Midland Tayes