OIL CONSERVATION COMMISSIO' NEW MEXI Santa Fe. New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

HUBBS GEFUCWell JUL 23 Recompletion C. This form shall be submitted by the operator before an initial allowable will be assigned to any completed on grGas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allogic able 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 peia at 60° Fahrenheit.

				(Place)	n Maxico		22, 1964
ADE U	FRFRV D	FOUSST	NG AN ALLOWABLE F	. ,	NOWN AS:	(.	,
			inpany				SE ¹ /4 .
(Con	ipany or O	perawi/	(-)			
Unit Lot	, Se	c Z	., T	L , NMPM., I	Allnesand.San.	Andres	Pool
			County. Date Spudded.	6-18-64	Date Drilling C	cupleted 6	27-64
Please indicate location:			Elevation 3247 gr.	Tota	1 Depth 4720	PBTD	4680
			Top Oil/Gas Pay 4462	- <u>C</u> Name	of Fred. Form.	and and	
DC	; B	A	PRODUCING INTERVAL -				
			Perforations 4626,46	7. 4644. 4648.	662,4664,4667	. and 4670	
E I	F G	H	Open Hole	Depti Casi	ng Shoe	Tubing	
			OIL WELL TEST -				
	K J	I	Natural Prod. Test:	bbls.cil,	🖕 bbls water in	hrs,	Choke
			Test After Acid or Fract	ure Treatment (aft	er recovery of volum	me of oil equal to	volume of
MN		Р	load oil used): 24	bbis.oil, 40	bbls water in $\frac{2}{2}$	<u>4</u> hrs, 🗾 min	. Size P.u
			GAS WELL TEST -				
			_ Natural Prod. Test:	MCF/	Day; Hours flowed	Choke Size	
ing Cas	ing and Cer	menting Reco					
Sure	Feet	Sax	Test After Acid or Fracture Treatment:MCF/Day; Hours flowed				
			Choke Size Meto				
-5/8"	411	Cite. 20	Acid or Fracture Treatme		f materials used. su	ich as acid, water	, oil, and
<u>+''</u>	4708	350	sand): 2000 cnl. 1				
3/81	4622	-	sand): Casing Tubing Press. Press.	Data fire	t new		20,000/
			Gil Transporter	-			
			Gas Transporter				
narks:		•••••					••••••
••••••	••••••	•••••					••••
I hereb	v certify	that the info	ormation given above is tr	ue and complete t	o the best of my kno	owledge.	
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Q	L CONSI	ERVATION	COMMISSION	By:	CK: 61. T. L.	ure)	
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