NEW I XICO OIL CONSERVATION COMMIS N Santa Fe, New Mexico

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

New Well Recompletion

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

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Dil 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.

					Odessa, (Place	Texas	Fel	ruary	25, 1963	
E ARE I	HEREBY I	REQUESTI	NG AN ALLOV	VABLE FOR	•				(2244.)	
(Co	ompany or O	perator)	Federal	(Lease)						
L Unit La	, Sc <sup>ster</sup>	c <b>14</b>	., T <b>8S</b> ,	R <b>34-E</b>	, NMPM	1.Milnesand	San-And	lr <b>os</b>	Ро	
Roo	sevelt		County. Date	Spudded. Ja	mary 21	1963 Date D	rilling Cor	pleted	1-30-63	
	se indicate		Elevation	4275		Total Depth	4682	PBTD		
D	C B	A	Top Oil/CENE Pa			Name of Prod. F	orm. Sat	Andres	· · · · · · · · · · · · · · · · · · ·	
E	F G	H	Perforations			Depth		Depth	<u></u>	
			Open Hole OIL WELL TEST		,	Casing Shoe	4681	Tubing	4607	
L	K J	I			bbls_oil,	bbls	s water in _	hrs	Chok min. Size	
м	N O	P							qual to volume o Choke min. Size	
			GAS WELL TEST		,15,011, <b>40</b> ,	0015 Wat		''' *' @		
·····			- Natural Prod.	Test:		MCF/Day; Hours	flowed	Chok	e Size	
ubing ,Cas	ing and Cer	menting Recor				e, etc.):				
Size	Feet Sax		Test After Acid or Fracture Treatment:MCF/Day; Hours flowed							
8 <b>5/8</b>	384	200								
位	4673	175							water, oil, and	
2-3/8	4600		sand): Casing Press.	Tubing Press <b>250</b>	Date : Date :	first new un to tanks <b>Peb</b>	Zl poun	d sand	per gal.	
	1	1	Oil Transporte	r McWoo	d Cerpon	ation		+y - 270;		
			Oil Transporte: Gas Transporte:	Sinc]	air 011	& Gas Comp	ANT.			
emarks:										
				•••••••					•••••••••••••••••••••••••••••••••••••••	
	•••••								•••••••••••••••••••••••••••••••••••••••	
I herel	oy certify t	hat the info	rmation given al	bove is true	and comple	te to the best o	of my <mark>know</mark>	ledge.		
oproved		·····		, 19	Laric	011 & Gas	ipany or Op	erator)	·····	
9	L CONSE		COMMISSION	T	By:	2700	(Signature	<u>e :                                   </u>	· · · · ·	
		·		·····	Title.District Production Superintendent Send Communications regarding well to:					
tle	//	· · · · · · · · · · · · · · · · · · ·			Name	Lario Oil		_		
/					Address	Box 1209,	Odessa,	Texas		