NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (CAS) ALLOWABLE

This form sll be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is the 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 comption or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the srk tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

					(Place)	#XTG0		, u.y 79	(Date)
WE ARE	HERBY R	EQUEST	ING AN ALLOV	VABLE FOR	A WELL KN	OWN AS	S:	.r	100
Texas 1	eciic Co	al & 011	Co., State	W. VO-T	, Well No	#	, in.M		/4 NE 1/4
(Compay or Operator) B Sec. 20		- 15 8	n 31E	NIMPM	·C	aprock (hieen	Poo	
Unit	, 500 Letter	C	, 1	, K	, 141411 141.,			••••••••••••••	100
C	havis	,	County. Date	Spudded6	/20/55 Total	Date D	rilling Con 1233	ipleted	7/26/55 3200
Ple	ase indicate	location:	Top Oil/Gas Pa	3158	Name	of Prod. F	orm. Que		
D	C B	A	PRODUCING INTE	ERVAL -					
E	F G	Н Н	Perforations_	3158 -	3163 Depth			Depth	
	F G		Open HoleOIL WELL TEST		Depth Casin	ng Shoe	3232*	Tubing	3182*
L	K J	I			bbls.oil,	bb1	s water in	hrs,	Choke min. Size
M	N O	P	Test After Ac	id or Fracture	Treatment (afte	er recovery	y of volume ter in 20	of oil eq	ual to volume of Choke min. Size
			GAS WELL TEST						·
			Natural Prod.	Test:	MCF/I	Dav: Hours	flowed	Choke	Size
		Page							· ·
*	sing and Cer				back pressure, et				
Size	Feet	Sax	Test After Ac	id or Fracture	Treatment:		MCF/	Day; Hours	flowed
13-3/8	296	300	<u> </u>		of Testing:				
5-1/2	3223	150 f45	Acid or Fracti	ure Treatment	(Give amounts of	materials	s used, such	as acid,	water, oil, and
-		1-2-7-1	- eard).	o Sere or	r or of account in	HELIO.	_:>_		
			Press. 175#	Press.	Date first oil run to	tanks	fuly 7,	1959	
		1	Oil Transport	er_Texas-	New Mexico P	'ipeline	Compan	Y	
		<u> </u>	Gas Transport						
Remarks:.	••••••••	•••••			(118	420.		••••••	
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• • • • • • • • • • • • • • • • • • • •									
I here	by certify t	that the in	formation given a	above is true	and complete to	the best	of my knov	viedge.	
Approved.				, 19	Texas Paci				y
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C	il consi	erva <i>ti</i> oi	N COMMISSIO	N/	Ву:	My E	sken		
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By C	MAX	Me				d Commu	nications r	egarding '	well to:
Title		<i>]</i>			Name				
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