NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned HOBB som Fig. Diff. as 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 cases AlGil all with new of 8 delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

						New Mexico	Au	(Date)
	n	OUECTU	NIC ANY ATTO	WADIE EO	(Place) DAWETT K	NOWN AS:		, ,
ARE HE	G. Pei	nrose,	NG AN ALLO Inc.	Cowell	K A WELL F Well N	0 3 in	SE ,	NW 1/2
(Comp	Company or Operator) Sec. Sec. Sec. Sec. Sec. Sec. Sec. Sec.		_ 15S	(Lease)	NMPM	Caprock	Q ue en	Pov
Unit Letter	, Sec		, 1	, K			۵	le leo
Chaves					<i>! & 4 7 7</i>	Data Dellling	Completed 9/	71.77
Please	indicate lo	ocation:	Elevation	3118	101	tal Depth 3140 ne of Prod. Form. Qu	een Sand	1
D C	В	A				ne of Fiod. Total.		
			PRODUCING IN		21221			
E F	G	H	Perforations	<u> </u>	Der	oth sing Shoe 3140	Depth	3118
					Ca	sing Snoe	rucing	
L K	J	I	OIL WELL TES					Chok
		-				bbls water		
M N	0	P	Test After A	Acid or Fractur	re Treatment (a	fter recovery of vol	ume of oil equ	ual to volume o Chok
M N			load oil use	ed): 56 L	bls.oil,	bbls water in	hrs,	minSize
			GAS WELL TES	<u>sı</u> -				
			Natural Prod	d. Test:	••MC	F/Day; Hours flowed	Choke	Size
bing ,Casir	g and Ceme	nting Reco	rd Method of To	esting (pitot,	back pressure,	etc.):		
Size Feet		Sax	Test After	Acid or Fractu	re Treatment:	М	CF/Day; Hours	flowed
9 5/8	316	eir.	Choke Size_	Method	d of Testing:	 		
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52	3140	140	250	gal, acid	. 4000 ga	al ref. oil.	4000# s	and
			Casing LOC	Tubing 3	650 Date fi	rst new to tanks Augu	st 25, 1	9 59
			(ii) Transpor	rter C	ontinenta	al Pipeline	Co.	
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T hereby	certify th	nat the inf	ormation giver	above is tru	e and complete	to the best of my k	nowledge.	
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hroseg				,		(Company or	Operator)	~
OIL	CONSE	RVATION	N COMMISSI	ON	_ By: ⊱	(Signa	ture)	ecce
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					Address B	ox 988, Euni	ce, New	Mexico