## NEW M. ICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

## REQUEST FOR (OIL) - (CAS) ALLOWABLE

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.

					Place)	<b></b>	Pabruary 1, 1961 (Date)		
E ARE	HEREBY I	REQUEST	NG AN ALLOWA Company Trac			AS:		()	
TORE W	estata s	SITITUE (	Trac	4,	Well No. 2-5	, in.	<b>SN</b> 1/4		
(Company or Operator)			T13-5 R	31-E	мрм.	Caprock	Queen	Pool	
Ch	etter AVOS			Sent.	15. 1950	**************	20		
			County. Date Sp	oudded	Total Depth	o Drilling 0 302	Ampleted T	hr: 12, 123;	
Plea	se indicate	location:	Elevation	3007	Name of Prod	l. Form.	Queen S	end	
D	C B	A	PRODUCING INTERVA					· · · · · · · · · · · · · · · · · · ·	
E	F G	H	Perforations Open Hole	7 - 3024	Depth Casing Shoe	3007	Depth Tubing	3018	
L	K J	·I	OIL WELL TEST -	•	•			Choke	
			Natural Prod. Tes Test After Acid o					<del></del>	
M	N O	P	load oil used):				•	Choke	
			GAS WELL TEST -						
			_ Natural Prod. Tes	t:	MCF/Day; Hou	rs flowed	Choke S	ize	
•	sing and Com	enting Recor	rd Method of Testing	(pitot, back pro	essure, etc.):				
Size	Feet	SAX	Test After Acid o	r Fracture Treat	ment:	MCF,	/Day; Hours f	lowed	
8-5/8'	285	200	Choke Size	Method of Tes	ting:	<del></del>	<del></del>	<del> </del>	
5-1/2'	2997	100	Acid or Fracture	Treatment (G <del>ive</del> a	mounts of materi	als used, suc	ch as acid, wa	ater, oil, and	
		1	sand):	Tubing 👝 [	Date first new				
	ļ		Casing 25 Press.				0, 1961		
2"	3018		Gil Transporter		pe Line Com	pany	<del></del>		
	!		Gas Transporter	HORS		<del></del>	<u> </u>	<del></del>	
emarks:	••••••				************************		***************************************		
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	•		rmation given abov		mplete to the bestern				
pproved				19	**********	company or O			
OI	L CONSE	RVATION	COMMISSION	Ву:	Offs	LAATT(Signatur		D. H. Crews	
			he M	eget . t	Administrat	ive Coor	•		
×f.f.f.			A. I	Title			egarding wel	l to:	
tle	·····	<i>/</i> /		 Name	Great West	ern Dril	ling Comp.	eny	
	(.	/ *		14 <b>2</b> IN	<b></b>	••••	nd, Texas		