## NEW M ICO OIL CONSERVATION COMMIS

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

## REQUEST FOR (OIL) - (GAS) ALLOWABLE (CO.)

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° Fahrenheim.

			Breckenridge, lexas (Place)	(Date)
E ARE H	EREBY R	EQUESTI	NG AN ALLOWABLE FOR A WELL KNOWN AS:	
statiuge corporation			Well No, in	NE 1/2 SW 1/2
			(Lesse) 31E , NMPM., Caproc	ck Oueen
Unit Let	, Sec.		, T, NMPM.,	Poo
Chav			County. Date Spudded11-16-59 Date Drilling Co	mpleted 11-22-59
Please indicate location:			Elevation 4415 Total Depth 3039	PBTD
D   Q	СВ	<b>A</b>	Top Oil/Gas Pay 3023' Name of Prod. Form. Qi	leen Sand
			PRODUCING INTERVAL -	
		-	Perforations None	
E   1		H	Open Hole 3019'-39' Depth Casing Shoe 3019'	Depth 3005'
i			OIL WELL TEST -	
L I	K J	I	Natural Prod. Test: 59 bbls.oil, 10 bbls water in	24 Choke
0	ŀ			
M	N C	P	Test After Acid or Fracture Treatment (after recovery of volume	Choke
<sup>~</sup>   <sup>1</sup>	"   `		load oil used):bbls.oil,bbls water in	hrs,min. Size
			GAS WELL TEST -	
			Natural Prod. Test: MCF/Day; Hours flowed	Choke Size.
blan Cant	ing and Come	nting Reco	Method of Testing (pitot, back pressure, etc.):	-OUA
Sire	Feet	SAX		MH
			Test After Acid or Fracture Treatment:MCF/	lowed
8 <sub>"</sub> 5/8"	303	15 <b>0</b>	Choke SizeMethod of Testing:	
			Acid or Fracture Treatment (Give amounts of materials used, suc	h as acid, water, oil, and
-1/2"	3019	150	sand): 20,000# sand and 7,000 gallons oil	
			Casing Tubing Date first new Press. Press. oil run to tanks Decembe	× 6 1050
				•
			Oil Transporter Indiana Oil Purchasing Company (t	rucks
		1	Gas Transporter None	
marks:		••••	80 74 1	***************************************
			31 31 24	
I hereb	v certify th	at the infe	ormation given above is true and complete to the best of my know	wledge.
proved			Graffage Corpora	tion
proved	• • • • • • • • • • • • • • • • • • • •	かとじつ	(Company or O	1 .
OII	CONSE	PYATION	COMMISSION By: Masks 1018	Sharles W. Smi
011	COLIGIN		(Signature	:)
. A	1/11	H/1/1	Title Production Clerk	
	Festiva a objestiva objestiva	ingine. Ottobio	Send Communications r	egarding well to:
tle		<i>.</i>	Name Graridge Corporat	ion
			Address Box 752 - Brecken	riage, lexas