## 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 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. Cas must be reported on 15.025 psia at 60° Fahrenheit.

			Breckenridge, Texas		5-25-59	
				(Place)		(Date)
		-	ING AN ALLOWABLE			
Graride	ompany or C	ration-No	rth Caprock Queen	Unit 1 , Well No.	6-5 in.	SW 1/4 NW 1/4
12	Simpan, or s	-c 6	T 138 R 281	NMPM Ca	prock Gueen	Poc
Unit L	etter		,		The same of the sa	roc
Lea						completed 2-28-59
Plea	se indicate	location:				PBTD •
D	CE	A	Top Oil/Gas Pay 30	Name o	of Prod. Form. Ou	een Sand
		-	PRODUCING INTERVAL -			
- F	TR 0	77	Perforations			
E	F G	H	Open Hole None	Depth Casino	g Shoe	Depth Tubing 30/0
			OIL WELL TEST - Pur			
r	K J	I		. •	tible water in	Choke hrs,min. Size_
						e of oil equal to volume of
М	N O	P				Chokehrs,min. Size
ļ					DDIS Water Ing	nrs,min. Size
			GAS WELL TEST -			
			Natural Frod. Test:	MCF/Da	ay; Hours flowed	Choke Size
ubing ,Ca	sing and Ce	menting Reco	<b>rd</b> Method of Testing (pi	tot, back pressure, etc	c.):	
Size	Feet	Sax	Test After Acid or Fr	acture Treatment:	MCF,	/Day; Hours flowed
(all	-0.		Choke Size <u>M</u>	ethod of Testing:		
3-5/8"	301	160				
<u> </u>	3034	300				ch as acid, water, oil, and
			sand): <b>Fractured</b> Casing Tubir	with 14,000 sam	nd, 7000 gsl⊋	oil,500 gal. Acid
	<b></b>		Press. Press	oil run to	tanks_5/23	150 gal Acid 150 adomite
			Cil Transporter Set	vice Pipe Line	Company	<del></del>
	<del>                                     </del>		=			
emarks:		*****			37-1	/
· - · - • • • • • • • • • • • • • • • •	·····	•••••	<del>-</del> 26	. 41.24	,,	
		•••••		1, 41, 14	7	•••••••••••••••••••••••••••••••••••••••
I here	by certify	that the info	ormation given above is	true and complete to	the best of my kno	wledge.
pproved	***************************************		, 19	Gravidge.	Corporation	
• •			•		(Company or O	perator)
0	IL CONSI	ERVATION	€6MMISSION	Bellatte.	10 Mill	Charles W. Smith
,			////		(Signatur	<b>c</b> )
	1111	T lien	5/MLV	Title Product		
٠	-		-	Send	Communications r	regarding well to:
tle			1	Name Grarie	dge Corporatio	<u>n</u>
				addana Roy '	752 Rrackon-	dge. Texas
				AN CHEMPTON AND A	sures we would be	WALL SURGE