NEW EXICO OIL CONSERVATION COMM ION 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.

				••••	Midland, Te	May 2, 1960			
E ARE H	EREBY RI	EOUESTI	NG AN ALL	OWABLE FOR	A WELL KNOW	/N AS:		(Date)	
					, Well No1		.NW 1/2	SE (/.
(Con	ipany or Ope	rator)		(Lease)				•	
Unit Lot	, Sec.	9	., T14-5	R 33-E	, NMPM.,	Wildcat		Po	ol
Le	*		County. Da	ate Spudded	b. 27, 1960 1	Date Drilling Go	mpleted Ap	ril 9. 196	60
Please indicate location:					Total Dep				
D C	В	A	Top Oil/Gas	Pay 9954	Name of P	rod. Form.	Penn.		_
	, B		PRODUCING I	NTERVAL -					
		<u> </u>	Perforation	s 9954 to	9980				
E	G.	H			Depth	oe 10,096	Depth Tubina	9979	
			OIL WELL TES	ST -					
LK	J	I			bbls.oil,	bble water in	.	Chok	е
					Treatment (after re				
MN	0	P			s,oil,63_bb		•		
					5,011, <u> </u>	12 water III	1115,	min. The Fu	n n
		الــــــــــــــــــــــــــــــــــــ	GAS WELL TES						
			_		MCF/Day;	-			
bing "Casi Sure	ng and Ceme: Feet	_	d Method of Te	esting (pitot, ba	ck pressure, etc.):		·		_
- 1		Sax	Test After A	Acid or Fracture	Treatment:	MCF/	Day; Hours f	lowed	
13-3/8	364	325	Choke Size_	Method o	f Testing:		·		_
2 7 /2	44		Acid or Frac	ture Treatment (C	Sive amounts of mate	erials used, such	n as acid, wa	ater, oil, and	=
8-5/8	4150	150			of Halliburtor				
5-1/2	10096	300	Casing Press. 5 0	Tubing	Date first new oil run to tank	•			-
					**			1. (0)	_
"42-1/	2 9979			ter Unkney			 		_
marks:			f:		2/1				_
		ار در است. در این میسید	1112	11120	Lt				
I hereby	certify tha	it the info	mation given	above is true as	nd complete to the	best of my know	vledge.		
proved	, , ,	enter.	8	. 19		G. Brown	. / .	iates	
P				, , , , , , , , , , , , , , , , , , , ,	/ ^	Company or Op	erator)	~	D
OU	CONSER	VATION	COMMISSIC	ON /	By: Us	6 days	<u></u>	A	1
M	111	11/2	Udni.			(Signature)	1,	
C			VVIE		Title				-
le En	ineer	//	1 			mmunications re	-		
	**************************************	<i></i>	·		Name James	G. Brown	k Associ	ates	
	s. ^c				Address P. O.	Box 1625, 1	Midland.	Texas	