## ICO OIL CONSERVATION COMMIS. N Santa Fe, New Mexico

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

## REQUEST FOR (OIL) - (GAS) ALLOWABLE OF THE 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.

			-		Midland, 1	iense	10-7-60
					(Place)		(Date)
ARE I	IEREBY F	EQUEST	ING AN ALLOW	VABLE FOR	A WELL KNOWN	AS:	
(Co	mpany or O	perator)		(Less)	Well No.	, in	
3	Sec	•	T 146	R SEE	, NMPM.,	res (Perme-Pe	
Unit Le	iter				, INMENI.,	***************************************	P
			County. Date	Spudded	Date	Drilling Complet	ed 9-26-60
Pleas	se indicate	location:	Elevation	3913	Total Depth	26,033	PBTD
	C B	A	Top Oil/Gas Pay	у	Name of Prod.	Form.	
		-	PRODUCING INTER	RVAL -			
_			Perforations_	9930	-36		
	FG	H	Open Hole		Depth Casing Shoe	10,033 De	pth bing 9958
			OIL WELL TEST			10	Pkr. @ 9852
	K J	I					Cha
1					_bbls.oil,bb		
	N O	P	Test After Acid	or Fracture	Treatment (after recove	ry of volume of o	il equal to volume
		•			s,oil, 160 bbls w	ater inhrs	min. Size
			GAS WELL TEST -	•			
	<del></del>	<del></del>	- Natural Prod. T	[esti	MCF/Day; Hour	s flowed (	Choke Size
	ing and Ceme	nting Reco			ck pressure, etc.):		
Size	Feet	Sax	Test After Acid	d or Fracture	Treatment:	MCF/Day: F	ours flowed
2/0	367	390	Choke Size	Method o	f Testing:	, 20,1	
3/4	44.33	1.90		e Treatment (	Sive amounts of material	s used, such as a	cid, water, oil, an
1/2	10055	400	sand):	Tubire	Man Date first new		
			Press.	Press.	Date first new oil run to tanks	advers 2	, 1700
tbg.	9958		Oil Transporter	Period	a OLL Company		
		·	Gas Transporter	- " 7			
arks:			*************	•••••••••			•••••
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hereby	certify the	t the info	rmation given abo	ove intrue as	nd complete to the best	of my knowledge	•
oved		e de la companya de l	~	, 19			 <del></del>
			/a L 1000		(Con	npany or Operator	)
OIR	CONSER	VATION	COMMISSION		By: ///////	ams	<u> </u>
M	11/1	Dur 1			Chief Cooles	(Signature)	
	1.		callfe.		TitleSend Commu	nications regardir	ng well to:
••••••	····/.,	Fnaine	or Dienes		Sena Commu	meations regarding	ig well to.
				4	Name		
	~				P.O. Non 16	25. <b>Midland</b> .	Timbe