NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE OF New Well Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil of 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 & delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

			•	Hobbs, Next Mexico	8- 55 8
				(Place)	(Date)
		-		FOR A WELL KNOWN AS:	
	mpany or O			X''	, in NW 1/4 NW 1/4
D	Se	•	,	3 E , NMPM., Saunders	P00
Unit L	4ter				
				ed	
Plea	se indicate	location:	•	Name of Frod. For	
D	C B	A	PRODUCING INTERVAL -		
X				71 9792-9815 9848-68	04900004
E	F G	Н	Open Hole Name	Depth	Depth Tubing 9.988
				Castrig Silve II	ractua 2 200
L	KJ	I	OIL WELL TEST -		Choke
				bbls.oil, bbls wa	
MI	N 0	P		acture Treatment (after recovery o	Choke
				bbls.oil,bbls water	inhrs,min. Size
			GAS WELL TEST -		
•				MCF/Day; Hours flo	owedChoke Size
ibing ,Cas Size	sing and Cer Feet	menting Reco	• •	tot, back pressure, etc.):	
5170	1	T	Test After Acid or Fr	acture Treatment:	MCF/Day; Hours flowed
13 3/8	329	375	Choke SizeM	ethod of Testing:	
/4	4160	7 7744	Acid or Fracture Treat	ment (Give amounts of materials us	ed, such as acid, water, oil, and
\$ 5/8	4LOS	1,786	sand): None		
5 1/2	10,032	300	Casing Tubir Fress. Press	ng Date first new s. 750 oil run to tanks	2-5\$
		†	Oil Transporter_Ser	vice Pipeline Company	
		<u> </u>	Gas Transporter		
emarks :		****			
· · · • · · · · · · · · · · · · · · · ·					
I here	by certify t	hat the info	ormation given above is	true and complete to the best of r	ny knowledge.
proved			, 19	Texas Pacific Coal	-&-Oil-Cos
				\sim \sim	
0	IL CONSE	RVATION	COMMISSION		Signature)
10	. St.		med 1	Title Harineer	
: 			feet the second	Send Communic	ations regarding well to:
tle	·····	<u> </u>		 Name TaxasPacific	Casl & Otl Ca
				Address Bex 1688 H	THE PERIOD