EXICO OIL CONSERVATION COMM Santa Fe, New Mexico

Revised 7/1/57

REQUEST FOR (OIL) - (CAS) ALLOWABLE OFFICE OF 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-104 was sent of 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.

					Texas	Nov. 4.	1957
WF ARE	HERERY E	REQUESTI	NG AN ALLOWABLE F	(Place)	KNOWN AC.		(Date)
			Oberholtser			NW .	NE
B state L	Se	c8	T 12-S , R 38-E	, NMPM.,	Undesign	ated	Pool
			County. Date Spudded.				
	se indicate		Elevation 3862 G.I				2000
		21 : I	Top Oil/Gas Pay 11.9	7 <u>4</u> Na	me of Prod. Form.	Devonior	1
D	C B	/	PRODUCING INTERVAL -		-		
			Perforations 11.9	71 11001	w/6 halam nam	24	
E	F G	H	Open Hole None	De	oth sing Shoe 12010	Donth	12002
			 	Ca	sing Shoe	Tubing_	15005
L	KJ	I	OIL WELL TEST -				Choke
		-	Natural Prod. Test: Non	bbls.oil,	bbls water	inhrs,	min. Size
M	N O	P	Test After Acid or Fract				~ .
"	x 0		load oil used): 660	_bbls.oil,O	bbls water in	6 hrs, 0	_min. Size_3/4
			GAS WELL TEST -				
			Natural Prod. Test:	MC	F/Day; Hours flowed	Choke	Size
Tubing ,Ca	sing and Com	enting Reco					
Size	Feet	Sax	Test After Acid or Fract				flowed
13 3/8	325	425	Choke Size Meth			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	_	 	=======================================				
8 5/8	4470	21.00	Acid or Fracture Treatme	nt (Give amounts	of materials used,	such as acid,	water, oil, and
5 1/2	12010	1200	sand): 500 gal mu	d acid.	et now		
2 1/2-	12310	1200	Casing Tubing Press.			ver 3, 1957	
2 3/8	12002	EUE	Oil Transporter M	gnolia Pape	Line Co.		
		<u> </u>	Gas Transporter No	ne			
Remarks:	472 Gr	ty.		.,			
	• • • • • • • • • • • • • • • • • • • •	•••••			X	€ ¥ #i	
	••••••••••						
I here	by certify th	hat the info	ormation given above is tr	ue and complete	to the best of my	inowledge.	
Approved	••••••	***************************************	, 19	•••••	Ralph Low		
					(Company o	ş ²	
0	IL CONSE	RVATION	COMMISSION	By:	(Signa	u Kisa	
_	- 122		31.			***	
Ву:		•••••••	les de la constante de la cons	TitleA	nd Communication	ns regarding w	ell to:
Title		, 					
					lph Lowe		
				Address B	ox 832, Midla	ni, Texas	