NEW XICO OIL CONSERVATION COMM' 'ON 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.

					(Place)				(Date)
		POTIBORY	NO 437 477 0	14/ A DT	A 14/01 P	O1/21	•		
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Unit Lett	, 360 197	*****************	, 4	., K	, INMIPMI.,			·····	Pool
			County. Dat	e Spudded	-29-58 Total	Date I	orilling Co	mpleted	9-45-58
Please	indicate	location:			Name o				
D C	B	A	j		Name o	of Prod. 1	rorm.	2.H	F. Gartinger
			PRODUCING INT	ERVAL -			7 0 0		
			Perforations	9053-905	5; 9008-907	5; 9 07	9-9085		
EF	G	H	Open Hole	None	Depth Casing	n Shoe	9114	Depth	9098
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L K		I	OIL WELL TEST						Choke
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			Natural Prod.	Test:	MCF/Da	av. Hours	flowed	Choke	Sizo
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	ng and Cam	enting Reso	w4						
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Size			Test After Ac	sting (pitot, b	ack pressure, etc	.):	MCF/	Day; Hours	flowed
Size	Feet	Sax	Test After Ac	eting (pitot, b.	ack pressure, etc	c.):	MCF/	Day; Hours	flowed
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Sure 13-3/8	Feet 400	300	Test After Ac Choke Size Acid or Fracti	Method our Treatment (Treatment:of Testing:	materials	MCF/	Day; Hours	flowed
Size 13-3/8 8-5/8	400 4557	300 1300	Test After Ac Choke Size Acid or Fractor sand): 10. Casing Press.	Method of Treatment (Treatment: of Testing: Give amounts of No Acid Date first oil run to	materials	MCF/ used, such	Day; Hours	flowed
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